

# Affidavit—Death of Joint Tenant

TO 8036 NV (8-88)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,  
COUNTY OF LINCOLN

ROBERT W. BISHOP

, of legal age, being first duly sworn, deposes and says:  
That MILDRED BISHOP, the decedent mentioned in the attached certified copy of  
Certificate of Death, is the same person as MILDRED LENA BISHOP  
named as one of the parties in that certain Joint Tenancy Deed dated June 19, 1990  
executed by MILDRED FRAZIER and NANCY GLOECKNER  
to MILDRED BISHOP and ROBERT W. BISHOP  
as joint tenants, recorded as Instrument No. 094272, on June 19, 1990, in  
book 90, page 674, of Official Records of Recorder of Lincoln  
County, Nevada, covering the following described property situated in the City of Caliente  
County of Lincoln, State of Nevada:

Lot 23 in the Rowan Sub-division in the City of Caliente, County of  
Lincoln, State of Nevada.

That the value of all real and personal property owned by said decedent at date of death, including the full value of  
the property above described, did not then exceed the sum of \$ 90,000.00

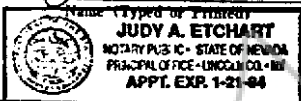
Dated September 27, 1990

Robert W. Bishop

SUBSCRIBED AND SWORN TO before me

this 27th day of September

Signature Judy A. Etchart  
JUDY A. ETCHART



(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO

Name  
Street  
Address  
City &  
State

BOOK 92 PAGE 334

*Jud*

Lincoln County

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

TYPE OR PRINT OF NEWMARKER BLACK INK	LOCAL FILE NUMBER 1 Mildred Lena BISHOP		DATE OF DEATH (Month, Day, Year) 2 August 3, 1990		STATE FILE NUMBER 3 Clark
	CITY, TOWN, OR LOCATION OF DEATH 4 Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) 5 3828 Red Rock St.		6 Male or fem. Indicate DOA, OP, or other (Specify) 7 Female
	RACE—To P. White, Black, American Indian, etc. (Specify) 8 White		AGE—Last Birthday (Year) 9 69		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 11 Married
	STATE OF BIRTH 12 Idaho		CITIZEN OF WHAT COUNTRY 13 USA		14. MARRIED SPOUSE (If wife, (do not enter name) 15 Robert W. Bishop
IF BORN OUTSIDE U.S. INDICATE INSTITUTION, RESOURCES, EMPLOYER, ADDRESS	SOCIAL SECURITY NUMBER 16		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 17 Supervisor		KIND OF BUSINESS OR INDUSTRY 18 State Government
	RESIDENCE—STATE 19 Nevada		COUNTY 20 Lincoln	CITY, TOWN, OR LOCATION 21 Caliente	
	FATHER—NAME First Middle Last 22 Richard Henry Mayer		MOTHER—MAYHEW NAME First Middle Last 23 Nannie Hall		STREET AND NUMBER 24 48 Rowan Drive
	INFORMANT—NAME (Type or Print) 25 Robert W. Bishop		MAILING ADDRESS 26 P.O. Box 383 Caliente, Nevada 89008		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 27 Burial		CEMETERY OR CREMATORY—NAME 28 Conway Memorial Park		LOCATION 29 Caliente Nevada
	FUNERAL DIRECTOR—SIGNATURE (If Pre-arranged, Specify) 30		NAME AND ADDRESS OF FACILITY 31 LINCOLN COUNTY MORTUARY		32 P.O. Box 236 Caliente, Nevada 89008
	DATE SIGNED (Date) 33 8/18/90		SIGNATURE AND TITLE 34		35
CERTIFIER	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 36		DATE SIGNED (Date) 37		38
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 39 Peter Graze M.D. 2020 West Palentine Ave. Las Vegas, Nevada		LICENSE NUMBER 40 3687		
	REGISTRAR 41		DATE RECEIVED BY REGISTRAR (Date, Day, Yr.) 42 AUG 8 1990		DEATH DUE TO COMMUNICABLE DISEASE 43
	IMMEDIATE CAUSE 44 metastatic cancer of pharynx				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I 45				
	PART II 46				
	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. 47		AUTOPSY 48 No		49 WAS CASE REFERRED TO CORONER (Specify Yes or No) 50 Yes
	ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. 51		DATE OF INJURY (Date, Day, Yr.) 52		HOUR OF INJURY 53
INJURY AT WORK (Specify Yes or No) 54		PLACE OF INJURY—If farm, street, factory, office building, etc. (Specify) 55		LOCATION 56	
		STREET OR R.F.D. No. 57		CITY OR TOWN 58	
		STATE 59			

STATE REGISTRAR

No. 021207

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.  
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: AUG 08 1990

CLARK COUNTY HEALTH DISTRICT  
625 Shadow Lane P.O. Box 4426  
Las Vegas, Nevada 89127  
702-383-1223

BOOK 92 PAGE 335

*[Handwritten mark]*

Lincoln County

No. 095008

FILED AND RECORDED AT REQUEST OF

Robert W. Bishop

September 27, 1990

AT 10 MINUTES PAST 10 O'CLOCK

A.M. IN BOOK 92 OF OFFICIAL

REC'D. NO. PAGE 336 LINCOLN

COUNTY, NEVADA.

FRANK C. HULSE

COUNTY RECORDER

By Rhonda Fisher, Deputy

BOOK 92 PAGE 336

*Sub*