

# Affidavit—Death of Joint Tenant

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF LINCOLN

Margaret H. Jones, of legal age, being first duly sworn, deposes and says:  
 That Charles Russell Jones, the decedent mentioned in the attached certified copy of  
 Certificate of Death, is the same person as Charles R. Jones  
 named as one of the parties in that certain Joint Tenancy Deed dated September 26, 1961  
 executed by LeOra E. Madson, also known as LeOra Hartman,  
 as joint tenants, recorded as Instrument No. \_\_\_\_\_, on September 26, 1961 in  
 book 1-1, page 417, of Official Records of Lincoln  
 County, Nevada, covering the following described property situated in the Town of Panaca  
 County of Lincoln, State of Nevada:

All of that certain tract in the Northeast corner of Lot numbered 2 in  
 Block numbered 15 described as beginning at the Northeast corner of said  
 Lot numbered 2 and running thence West, along Street line, eighty feet to  
 a point; thence at a right angle South twenty-nine feet to a point; thence  
 at a right angle East eighty feet to the Street line and thence North,  
 along said Street line, twenty-nine feet to the point of beginning; as said  
 Lot and Block are delineated on the official plat of said Town now on file  
 in the office of the County Recorder of said County of Lincoln, to which  
 plat reference is hereby made for further particulars.

Together with any and all improvements within said tract; and together with  
 any and all water rights in connection therewith.

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 \$ \_\_\_\_\_

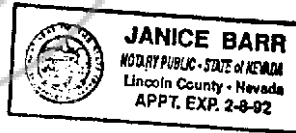
Dated July 18, 1991

Margaret H. Jones

SUBSCRIBED AND SWORN TO before me

this 18 day of July, 1991

Signature Janice Barr  
Janice Barr  
 Name (Typed or Printed)



(This area for official notarial seal)

Title Order No. \_\_\_\_\_

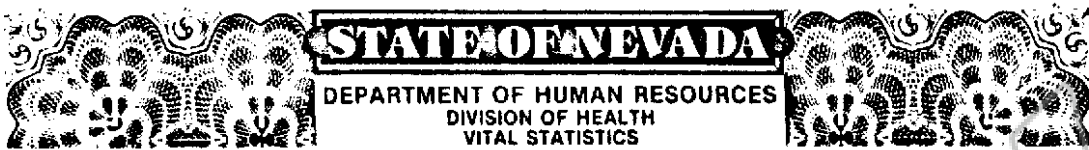
Escrow or Loan No. \_\_\_\_\_

RECORDING REQUESTED BY \_\_\_\_\_

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO \_\_\_\_\_

100  
of  
from  
1 &  
10



**STATE OF NEVADA**

DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
VITAL STATISTICS

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

91 001273

TYPE OR PRINT OR PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME 1 Charles Russell JONES	DATE OF DEATH (Month, Day, Year) March 4, 1991	STATE FILE NUMBER	COUNTY OF DEATH Lincoln
DECEDENT		2 City, TOWN, OR LOCATION OF DEATH Caliente	3 HOSPITAL OR OTHER INSTITUTION—Name (if not enter give street and number) Grover C. Dils Medical Center	4 If Head or foot, indicate DOA (P/Em/Am, Institution) (Specify) Inpatient	5 SEX Male
		6 RACE—White, Black, American Indian, etc. (Specify) White	7a AGE—Last Birthday (Years) 78	7b UNDERLYING CAUSE MOS : DAYS	8 DATE OF BIRTH (Mo, Day, Yr) January 11, 1913
		9 STATE OF BIRTH (If not U.S.A., name country) Ohio	10 CITIZEN OF WHAT COUNTRY U.S.A.	11 DECEASED'S EDUCATION (Specify highest grade completed) 10	12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
		13 SOCIAL SECURITY NUMBER	14a USUAL OCCUPATION—Give kind of Work Done During Most of Working Life. Even if Retired Miner	14b KIND OF BUSINESS OR INDUSTRY Mining	15 SURVIVING SPOUSE (If with give maiden name) Margaret Heaps
		16a RESIDENCE—STATE Nevada	16b COUNTY Lincoln	16c CITY, TOWN, OR LOCATION Panaca	16d STREET AND NUMBER 250 S. 4th
		17a FATHER—NAME First Middle Last Edson Jones	17b MOTHER—MAIDEN NAME First Middle Last Margaret Carolus	18 INFORMANT—NAME (Type or Print) Margaret Jones - Wife	
		19a MARRIAGE ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 287, Panaca, Nevada 89042	19b BURLIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	19c CEMETERY OR CREMATORY—NAME Panaca Cemetery	19d LOCATION City or Town State Panaca, Nevada
		20a FUNERAL DIRECTOR—SIGNATURE (Or Print Name) J.D. Fretner	20b FUNERAL DIRECTOR LICENSE NUMBER 31	20c NAME AND ADDRESS OF FACILITY Fretner Funeral Home, P.O. Box 67, Logandale, Nevada 89021	
		21a To the best of my knowledge, death occurred at the time, date, and place and due to the causes stated (Signature and Title) J. D. Wilkin M.D.	21b DATE SIGNED (Mo., Day, Yr.) 03-06-91	21c HOUR OF DEATH 10:35 A.M.	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
		22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes and manner stated (Signature and Title) J. D. Wilkin M.D.	22b DATE SIGNED (Mo., Day, Yr.)	22c HOUR OF DEATH	22d PRONOUNCED DEAD (Mo., Day, Yr.)
		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Joseph D. Wilkin, M.D. P.O. BOX 472 Panaca, NV 89042	23b LICENSE NUMBER 3849	24 REGISTRAR—SIGNATURE Betty Brooks	
		25a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 3/6/91	25b DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	25c IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IAL (DI) (MPTCI)) PART I 1) Cardiovascular arrest. minutes 2) Cerebrovascular accident. Days	
		26 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I End stage renal failure.	27 AUTOPSY (Specify Yes or No) NO	28 WAS CASE REFERRED TO CORONER (Specify Yes or No) NO	
		29a ACC. SUICIDE FROM UNDET. OR PENDING INVEST (Specify) NO	29b DATE OF INJURY (Mo. Day, Yr.)	29c HOUR OF INJURY	29d DESCRIBE HOW INJURY OCCURRED
		30a INJURY AT WORK (Specify Yes or No)	30b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	30c LOCATION	30d STREET OR R.F.D. No
		30e CITY OR TOWN	30f STATE		

STATE REGISTRAR No. 024064  
 This is to certify that the above is a true and correct copy of the certificate on file in this office.  
 By: Debra A. Lawrence Deputy Registrar  
 Date issued: APR 18 1991  
**WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT**

097073  
 No. \_\_\_\_\_  
 FILE AND RECORD OFFICE  
Margaret H. Jones  
July 18, 1991  
 AT 01 HOURS OF 2 OFFICE  
 RECORDED 97 OFFICE  
 RECORDED 627 LINCOLN  
 COUNTY, NEVADA  
 YURIKO SETZER  
 COUNTY REC'D  
 By: Rhonda Zehner Deputy