

# Affidavit—Death of Joint Tenant

7 5026 NV (10-88)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF Lincoln } ss.

Marianne D. Smith

of legal age, being first duly sworn, deposes and says:  
That Curtis B. Smith, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Curtis B. Smith named as one of the parties in that certain Grant Bargain Sale Deed dated 9/14/70 executed by Ira C. Mc Mahon and Mary Houston Mc Mahon, husband and wife to Curtis B. Smith and Marianne D. Smith, husband and wife as joint tenants as joint tenants, recorded as Instrument No. 65796, on 9/20/79, in book 32, page 501, of Official Records of Lincoln County, Nevada, covering the following described property situated in the City of Caliente County of Lincoln, State of Nevada:

Lot Twenty (20) in Block "A" of James H. Gottfredson Addition to the City of Caliente.

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

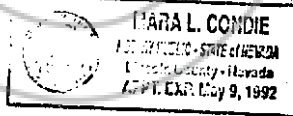
Dated July 30, 1991

Marianne D. Smith  
Marianne D. Smith

SUBSCRIBED AND SWORN TO before me

this 30 day of July, 1991

Signature Mara L. Condie  
MARA L. CONDIE  
Name (Typed or Printed)



(This area for official notarial seal)

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

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

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

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

SPACE BELOW THIS LINE FOR RECORDER'S USE

No 097130

FILED AND RECORDED AT REQUEST OF  
Marianne Smith

July 30, 1991

At 20 MINUTES PAST 4 O'CLOCK

P.M. IN BOOK 97 OF OFFICIAL

RECORDS, PAGE 525 LINCOLN

COUNTY, NEVADA.

YURIKO SETZER

By [Signature] COUNTY RECORDER Deputy

Lincoln County

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

TYPE OF PRINT OR INSTRUMENT LACK MARK	LOCAL FILE NUMBER	STATE FILE NUMBER
	1. DECEASED NAME: First Middle Last <b>Curtis Barton SMITH</b>	2. DATE OF DEATH (Month, Day, Year) <b>2 May 13, 1989</b>
ACIDENT	3. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>	4. COUNTY OF DEATH <b>Clark</b>
	5. HOSPITAL OR OTHER INSTITUTION (Name, if not either, give street and number) <b>El Jen Convalescent Center</b>	6. If there is first medical OOA, OPI, or other (Specify) <b>Inpatient</b>
IF DEATH OCCURRED IN INSTITUTION, INDICATE INCLUDING MEDICAL RECORD NUMBER	7. RACE (e.g., White, Black, American Indian, etc.) <b>White</b>	8. SEX <b>Female</b>
	9. AGE - Last Birthday (Years) <b>70</b>	10. BIRTH YEAR <b>1919</b>
	11. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <b>Agent</b>	12. KIND OF BUSINESS OR INDUSTRY <b>Security</b>
	13. RESIDENCE STATE <b>Nevada</b>	14. CITY, TOWN, OR LOCATION <b>Lincoln Caliente</b>
IDENTIFICATION	15. FATHER - NAME (Type or Print) <b>Curtis Barton Smith</b>	16. MOTHER - MARY M NAME <b>Retta</b>
	17. MARITAL ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>Box 2851 Reno, Nevada 89505</b>	18. SOCIAL SECURITY NUMBER <b>1020 Lincoln</b>
	19. FURNITURE, REMOVAL, OTHER (Specify) <b>Burial</b>	20. CEMETERY OR CREMATORY - NAME <b>Caliente Cemetery</b>
POSITION	21. FLORAL DIRECTOR - SIGNATURE <i>Matthew Co.</i>	22. NAME AND ADDRESS OF FACILITY <b>Bunker Mortuary 925 Las Vegas Blvd. No. Las Vegas, Nevada</b>
	23. In the best of my knowledge, death occurred on this date, time, and place. <b>3/16/89</b>	24. On the basis of my examination and investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.
CERTIFIER	25. SIGNATURE AND TITLE <i>Calvin Maestro</i>	26. DATE SIGNED (Mo., Day, Yr.) <b>3/16/89</b>
	27. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Calvin Maestro, M.D. 1401 E. Lake Mead Blvd. No. Las Vegas, NV</b>	28. TIME OF DEATH <b>3:55pm</b>
	29. NAME AND ADDRESS OF CENTRAL PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER (Type or Print) <b>Calvin Maestro, M.D. 1401 E. Lake Mead Blvd. No. Las Vegas, NV</b>	30. PLACE OF DEATH <b>2466</b>
REASONS IF ANY, WHICH CAUSE RISE TO MEDICAL CAUSE STATE THE REASONS RELATE	31. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (c)) <b>Prostate Metastatic Disease</b>	32. DEATH DUE TO COMMUNICABLE DISEASE <b>24. YES [ ] NO [ ]</b>
	33. DUE TO OR AS A CONSEQUENCE OF <b>Chronic Dis. Intravascular Coagulation</b>	34. INTERVAL BETWEEN CAUSE AND DEATH
	35. DUE TO OR AS A CONSEQUENCE OF <b>Cerebral vascular Accident, hemiparesis</b>	36. INTERVAL BETWEEN CAUSE AND DEATH
USE OF DEATH	37. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I	38. ADULTICIDE (Specify Yes or No) <b>No</b>
	39. A.C. SUICIDE HOW, UNDER, OR PERKING INVEST (Specify Yes or No)	40. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>
	41. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	42. EDUCATION
	43. STREET OR R.F.D. No.	44. CITY OR TOWN STATE

STATE REGISTRAR

No.003629

"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: **MAY 24 1989**

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

BOCA 97 PAGE 526