

AFFIDAVIT - DEATH OF JOINT TENANT

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STATE OF NEVADA)
) : ss
COUNTY OF LINCOLN)

MARINELL C. DUFOUR, being duly sworn, depose and says:

1. That she is the surviving spouse of RICHARD HUBERT DUFOUR, who died on the 24th day of April, 1993, at Long Beach, County of Los Angeles, State of California.

2. That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:

Lot numbered Eight (8) in the ROWAN SUBDIVISION in the City of Caliente, County of Lincoln, State of Nevada.

EXCEPTING from said grant and reserving unto the first party, its successors and assigns, forever, all minerals and mineral rights of every kind and character now known to exist or hereafter discovered, including without limiting the generality of the foregoing, oil and gas and rights thereto, together with the sole, exclusive and perpetual right to explore for, remove, and dispose of said minerals by any means or methods suitable to the Los Angeles & Salt Lake Railroad Co., its successors and assigns, but without entering upon or using the surface of said lands hereby conveyed and in such manner as not to damage the surface of said lands or to interfere with the use thereof by the Union Pacific Railroad Corp., its successors or assigns.

3. That proof of death is affixed hereto as Exhibit "A" in the form of a certified copy of the death certificate and affiant claims the above described property as her sole and separate property pursuant to N.R.S. 40.525(5).

Marinell C. Dufour
AFFIANT - MARINELL C. DUFOUR

SUBSCRIBED and SWORN to before me
this 26th day of May, 1993.

Judy A. Etchart
NOTARY PUBLIC



Lincoln County

STATE FILE NUMBER		USE BLACK INK ONLY			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST GIVEN RICHARD		1B. MIDDLE HUBERT	1C. LAST (FAMILY) DUFOUR		2A. DATE OF DEATH—MO. DAY, YR. (25 HOUR) APRIL 24, 1993		2B. HOUR 1220
4. RACE White		5. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	6. DATE OF BIRTH—MO. DAY, YR. November 3, 1913		7. AGE IN YEARS 79	8. IF UNDER 1 YEAR TO UNDER 24 HOURS MONTHS DAYS HOURS MINUTES	9. SEX M
8. STATE OF BIRTH WI		9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Alcide Dufour		10B. STATE OF BIRTH MI	11A. FULL MAIDEN NAME OF MOTHER Ida Mae Fissenne	
12. MILITARY SERVICE 19__ TO 19__ <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. [REDACTED]	14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE IF WFL. ENTER MAIDEN NAME Marinell Cooper		
16A. USUAL OCCUPATION Maintenance Eng.		16B. USUAL KIND OF BUSINESS OR INDUSTRY Hotel	16C. USUAL EMPLOYER Self-Employed		16D. YEARS IN OCCUPATION 35	17. EDUCATION—YEARS COMPLETED 12	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 108 Rowan Drive		18B. CITY Caliente	18C. ZIP CODE 89008				
18D. COUNTY LINCOLN		18E. NUMBER OF YEARS IN THIS COUNTY 20	18F. STATE OR FOREIGN COUNTRY Nevada		20. NAME, RELATIONSHIP, MAJOR ADDRESS AND ZIP CODE OF INFORMANT Marinell Dufour, Wife 108 Rowan Drive Caliente, Nevada 89008		
18A. PLACE OF DEATH St. Mary Medical Center		18B. IF HOSPITAL SPECIFY CHG. NO. ER/OP. DOA 12	18C. COUNTY Los Angeles				
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1050 Linden Avenue		19E. CITY Long Beach		21. THIS INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
31. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) cardiomyopathy arrest		DUE TO (B) hypoxia	DUE TO (C) pneumonia	23. WASopsy PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24. WAS AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 cardiomyopathy End Stage Renal Disease		25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. dialysis catheter 2-23-93					
27A. DECEDENT ATTENDED SINCE DECEASED LAST SEEN ALIVE MONTH, DAY, YEAR 2-23-93		27B. SIGNATURE AND TITLE OF DECEASED Alan Erlbaum	27C. CERTIFIER'S LICENSE NUMBER A-25643	27D. DATE SIGNED 4-26-1993			
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS 1045 Atlantic Avenue., Long Beach, CA							
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED					
29. MANNER OF DEATH—DO NOT BE SURE, SUICIDE, MURDER, MISC. (SEE INSTRUCTIONS ON REVERSE)		30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR		
32. LOCATION STREET AND NUMBER OR LOCATION AND CITY		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
34A. DISPOSITIONS CR/TR/BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Caliente City Cemetery Caliente, Nevada	34C. DATE MO. DAY, YR. 4-26-1993	34D. SIGNATURE OF EMBALMER Not Embalmed	34E. LICENSE NO. NONE		
36A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BROWN COLONIAL MORTUARY		36B. LICENSE NO. FD-59	37. SIGNATURE OF LOCAL REGISTRAR Yuriko Setzer MD		38. REGISTRATION DATE APR 26 1993		
STATE REGISTRAR		A.	B.	C.	D.	E.	F.
							CENSUS TRACT

VS-11 (REV. 7-92)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

100417

AND RECORDED AT REQUEST OF
Marinell C. Dufour

may 26, 1993

00 MINUTES EAST 2

P. 106 OF OFFICIAL

71 LINCOLN

NEVADA

Yuriko Setzer

By *Yuriko Setzer* Deputy

THIS IS A TRUE, CERTIFIED COPY OF THE
RECORD FILED IN THE CITY OF LONG BEACH
DEPARTMENT OF PUBLIC HEALTH IF IT BEARS
THIS STAMP IN PURPLE INK

MAY 03 1993

Yuriko Setzer MD
Health Officer and Registrar