

AFFIDAVIT OF DEATH AND  
TERMINATION OF RENTALS ESTATE

STATE OF NEVADA  
COUNTY OF LINCOLN

CARL G. ARNOLDUS of legal age, being first duly sworn,  
deposes and says:

That JOSEPHINE NELLIE MAE ARNOLDUS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOSEPHINE ARNOLDUS named as one of the Grantors in that certain Grant, Bargain Sale Deed, dated June 12, 1965, executed by Carl Arnoldus and Josephine Arnoldus to Carl Gordon Arnoldus and Arnela Arnoldus as joint tenants, recorded June 14, 1965 in Book M-1 of Real Estate Deeds, Page 417, of Official Records, Lincoln County, Nevada, wherein said above named decedent reserved certain rights to rental income during the natural life of said decedent, covering the following described property situated in the County of Lincoln, State of Nevada:

- All Lots Ten (10) and Fourteen (14) in Block One
- All of Lot Seven (7) in Block Two (2)
- All of Lots Seven (7), Ten (10) and Twelve (12) in Block Three (3)
- All of Lot Two (2) in Block Four (4)
- All of Lot Eighteen (18) in Block Six (6)
- The East Half (E 1/2) of Lot Nine (9) and all of Lot Ten (10) in Block Seven (7).

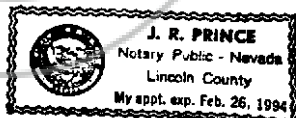
Dated this 13<sup>th</sup> day of September, 1993.

Carl G. Arnoldus  
type or print name

State of Nevada,  
County of Lincoln

On Sept. 13, 1993, before me, a Notary Public, personally appeared CARL G. ARNOLDUS personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to this instrument and acknowledged the he (she or they) executed it.

J. R. Prince  
type or print name



WHEN RECORDED MAIL TO:  
FIDELITY NATIONAL TITLE  
2030 E. FLAMINGO RD., STE 120  
LAS VEGAS, NV 89119  
ESCROW No. 93 40 0234-JMA

**STATE OF NEVADA**  
 DEPARTMENT OF HUMAN RESOURCES  
 DIVISION OF HEALTH  
 VITAL STATISTICS

STATE OF NEVADA—DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION  
 DIVISION OF HEALTH—SECTION OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

272 LOCAL REG NUMBER 71-0-23303

DECEASED—NAME: **JOSEPHINE BELLIE MAE ARNOLDUS** SEX: **FEMALE** DATE OF DEATH (MONTH, DAY, YEAR): **OCTOBER 31-1971**

RACE: **White** AGE—LAST BIRTHDAY (MONTH, DAY, YEAR): **61** UNDER 1 YEAR: **NO** UNDER 1 DAY: **NO** DATE OF BIRTH (MONTH, DAY, YEAR): **May 22-1899** COUNTY OF DEATH: **Lincoln**

CITY, TOWN, OR LOCATION OF DEATH: **Caliente** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER): **Lincoln County Hospital**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): **Kansas** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** SURVIVING SPOUSE (IF NAME, GIVE MARRIAGE NAME): **Carl Arnoldus Sr.**

SOCIAL SECURITY NUMBER: [REDACTED] USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **School Teacher** KIND OF BUSINESS OR INDUSTRY: **ret**

RESIDENCE—STATE: **Nevada** COUNTY: **Lincoln** CITY, TOWN, OR LOCATION: **Caliente** STREET AND NUMBER (SPECIFY YES OR NO): **Yes** **100 Front St.**

FATHER—NAME: **Tony V. Arnoldus** MOTHER—MARRIAGE NAME: **Kline**

INFORMANT—NAME: **Carl Arnoldus Sr.** MAKING ADDRESS (CITY OR P.O. NO., CITY OR TOWN, STATE, ZIP): **P.O. Box 461 Caliente, Nevada 89008**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) **4330** Congestive Heart Failure 18 years

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATED THE SUCCEEDING CAUSE LAST

(b) \_\_\_\_\_

(c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTIVE TO DEATH BUT NOT BELIEVED TO CAUSE GIVEN IN PART I (a), (b), (c)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): \_\_\_\_\_ DATE OF INJURY (MONTH, DAY, YEAR): \_\_\_\_\_ HOUR: \_\_\_\_\_ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18): \_\_\_\_\_

INJURY AT WORK (SPECIFY YES OR NO): \_\_\_\_\_ PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): \_\_\_\_\_ LOCATION (STREET OR P.O. NO., CITY OR TOWN, STATE): \_\_\_\_\_

CERTIFICATION—PHYSICIAN: \_\_\_\_\_ DATE: **1960<sup>th</sup> Oct 31 71** AND LAST SAW HIM/HER ALIVE ON: **Oct 31 71** DID/DOES NOT VIEW BODY AFTER DEATH: **NO** DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE RES OF HIS KNOWLEDGE OR BELIEF TO THE CALIFORNIA STATE: **NO**

CERTIFICATION—MEDICAL EXAMINER OR CORONER. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN HIS OPINION, THE DEATH OCCURRED ON THE DATE AND GIVE TO THE CALIFORNIA STATE: \_\_\_\_\_ HOUR OF DEATH: \_\_\_\_\_ THE DECEASED WAS PROHIBITED DEAD: \_\_\_\_\_ MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_ HOUR: \_\_\_\_\_

CERTIFIER—NAME (TYPE OR PRINT): **Grover C. Dils, MD** SIGNATURE: *Grover C. Dils* BOARD OR TITLE: \_\_\_\_\_ DATE SIGNED (MONTH, DAY, YEAR): **Nov 2 71**

MAKING ADDRESS—CERTIFIER: **Box 398** CITY OR TOWN: **Caliente, Nevada** STATE: **89008**

BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY—NAME: **Caliente Veterans** LOCATION: **Caliente, Nevada**

DATE: **Nov 3-71** FUNERAL HOME—NAME AND ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP): **Lincoln County Mortuary Caliente, Nevada 89008**

FUNERAL DIRECTOR—SIGNATURE: *David A. [unclear]* REGISTRAR—SIGNATURE: *Grover C. Dils* DATE RECEIVED BY LOCAL REGISTRAR: **Nov 3-71**



This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date issued: **AUG 29 1989**

Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

No. **100946**  
 FILED AND RECORDED AT REQUEST OF  
**Dominick Belingheri**  
 September 23, 1993  
 AT **12** MINUTES PAST **10** O'CLOCK  
 A.M. IN BOOK **107** OF OFFICIAL  
 RECORDS, PAGE **285** LINCOLN  
 COUNTY, NEVADA.

Yuriko Setzer  
 COUNTY RECORDER  
 By *Luis [unclear]* Deputy