

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)  
                  )SS.  
COUNTY OF LINCOLN)

Orel H. Bender Jr., of legal age, being first duly sworn, deposes and says:

That Fern Musa Bender, the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Fern M. Bender, named as one of the parties in that certain Joint Teanncy Deed dated November 12, 1981, executed by Fern M. Bender to Fern M. Bender and Orel H. Bender Jr. as joint tenants, recorded as instrument No. 73927 on November 12, 1981 in Book 47 of Official Records at page 243 Official Records of Lincoln County, Nevada, covering the following described property situate in the town of Pioche, County of Lincoln, State of Nevada, described as follows:

Lots One (1), Two (2) and Three (3) in Block Forty-four (44) in the town of Pioche, County of Lincoln, State of Nevada, together with any and all improvements situate thereon.

That affiant claims the above described property as his sole and separate property pursuant to Nevada Revised Statutes 40.470 (5).

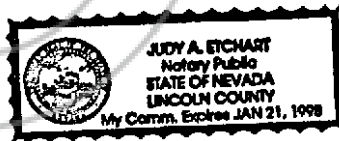
Dated: July 16, 1994.

*Orel H. Bender Jr.*  
Orel H. Bender Jr. - Affiant

Subscribed and sworn to before me this 16<sup>th</sup> day of July, A.D. 1994.

Notary Public

*Judy A. Etchart*



*End*

STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 17-253 STATE FILE NUMBER \_\_\_\_\_

1. NAME OF DECEDENT FIRST MIDDLE LAST  
Fern Nusa BENDER

2. SEX Female 3a. DATE OF DEATH (Mo., Day, Yr.) June 9, 1994 3b. TIME OF DEATH (Hr. or AM/PM) 18:34

4. DATE OF BIRTH (Mo., Day, Yr.) Dec 1, 1911 5a. AGE (Last Birthday) 82 yrs. Months Days 5b. UNDER 24 HOURS  5c. BIRTH PLACE (City & State or Foreign Country) Denver, CO 7. SOCIAL SECURITY NUMBER \_\_\_\_\_

6a. PLACE OF DEATH (Check only one)  
HOSPITAL:  HOME:  OTHER:  Dixie Regional Medical Center

8. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location)  
Dixie Regional Medical Center

9. SURVIVING SPOUSE (If male, give maiden name) \_\_\_\_\_

10. WAS DECEDENT EVER IN U.S. ARMED FORCES?  Yes  No 11. MARRIAGE STATUS  Never Married  Married  Widowed  Divorced  Other Homemaker

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retreat) Own Home

12b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

13a. RESIDENCE - STREET AND NUMBER P. O. Box 232 13b. CITY, TOWN, OR COMMUNITY Pioche 13c. COUNTY Lincoln 13d. STATE NV

14. MARITAL STATUS AT DEATH  Single  Married  Widowed  Divorced  Other White

15. RACE (Specify) White 16. ETHNICITY (Specify) 14

17. FATHER'S NAME (First, Middle, Last) Harry Brown 18. MOTHER'S NAME (First, Middle, Last) Gladys Webber

19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT  
Gerald Bender (son) P. O. Box 185 Pioche, NV 89643

20. MANNER OF DEATH  Entombment  Donation  Other Jun 9, 1994 21. DATE OF DEATH Jun 9, 1994 22. PLACE OF DEATH Palm Memorial Park 23. LOCATION - City or Town, State Las Vegas Nevada

24. LICENSE NUMBER 106092 25. FUNERAL HOME Name, address and phone number Metcalf Mortuary

26. DATE DECLARED THIS LAST ATTACHED BY CERTIFIED PHYSICIAN 9 June 1994 27. IF NOT CERTIFIED BY MEDICAL EXAMINER, was death reported to M.E. Case No. \_\_\_\_\_

28. CERTIFIER  CERTIFYING PHYSICIAN Bruce C. Williams 29. DATE SIGNED (Mo., Day, Yr.) June 17, 1994

30. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Physician)  
Bruce C. Williams M. D., 515 South 300 East, St. George, Utah 84770

31. REGISTRAR'S SIGNATURE John E. Brockert 32. DATE SIGNED (Mo., Day, Yr.) JUN 20 1994

33. PART I ENTER THE DISEASE'S, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CHOKING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

IMMEDIATE CAUSE (Final phase of condition resulting in death) Pulmonary Failure

Underlying cause (Primary cause of death) Massive Carcinoma, non small cell of lung.

34. MANNER OF DEATH  Natural  Accidental  Suicide  Homicide  Undetermined if Injured Purpose or Accidentally  Pending Investigation

35a. DATE OF INJURY (Month, Day, Year) \_\_\_\_\_ 35b. TIME OF INJURY (If hour known) \_\_\_\_\_ 35c. INJURY AT WORK?  Yes  No 35d. PLACE OF INJURY (Home, farm, street, highway, place, building, etc. (Specify)) \_\_\_\_\_

36. LOCATION (Street or rural route number, city or town, county and state) \_\_\_\_\_ 37. DESCRIBE HOW OCCURRED (prior occurrence of events which resulted in injury; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: JUN 20 1994

County Washington

Registrar John E. Brockert

LL 256274

John E. Brockert  
John E. Brockert  
DIRECTOR OF VITAL STATISTICS  
By \_\_\_\_\_



102079

FILED AND RECORDED AT REQUEST OF  
Ben Bender

July 18, 1994

11:50 MINUTES FOR 11:00 O'CLOCK

238 OF OFFICIAL

Lincoln

Lincoln

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