

# Affidavit—Death of Joint Tenant

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THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF Lincoln

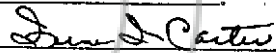
FERNE I. CARTER  
 That RAYMOND BRYAN CARTER, of legal age, being first duly sworn, deposes and says:  
 the decedent mentioned in the attached certified copy of  
 Certificate of Death, is the same person as RAYMOND B. CARTER  
 named as one of the parties in that certain DEED dated July 7, 1986  
 executed by LESTER C. MATHEWS AND LORENE W. MATHEWS, husband and wife  
 to RAYMOND B. CARTER AND FERNE I. CARTER, husband and wife  
 as joint tenants, recorded as Instrument No. 85429, on AUGUST 15, 1986  
 book 71, page 542, of Official Records of LINCOLN  
 County, Nevada, covering the following described property situated in the  
 County of LINCOLN, State of Nevada:

A parcel of land situate in Section 5, Township 2 South, Range 68 East, M.D.B. & M., described as follows to wit:

BEGINNING at a point whence the corner common to Sections 5, 6, 7 and 8 in Township 2 South, Range 68 East, M.D.B. & M., bears South 26°41'28" West 929.59 feet, said point being on the East right-of-way line of U. S. Highway 93; thence running North 2°57'23" East, along the East right-of-way line of U. S. Highway 93, a distance of 163.76 feet; thence North 87°02'37" East, a distance of 133.00 feet; thence South 2°57'23" West, a distance of 163.76 feet; thence South 87°02'37" West, a distance of 133.00 feet to the PLACE OF BEGINNING.

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 February 23, 1996

  
Ferne I. Carter

SUBSCRIBED AND SWORN TO before me

this 26 day of February 1996

Signature Frank I. Apodaca  
 Name (Typed or Printed)



FRANK I. APODACA  
 Notary Public - Nevada  
 Lincoln County  
 My appt. exp. Apr. 27, 1998

(This area for official notarial seal)

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

Easement or Loan No. \_\_\_\_\_

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

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED, MAIL TO

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Zip \_\_\_\_\_

**104833**

FILED AND RECORDED AT REQUEST OF

Ferne Carter

February 26, 1996

( 55 MINUTES PAST 1 O'CLOCK

P.M., BEING 112 OF FEBRUARY

1996, BOOK PAGE 420 LINCOLN

COUNTY, NEVADA.

Yuriko Setzer

By Leticia Boucher, deputy

BOOK **117** PAGE **420**

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

007969

TYPE OF PRINT OR PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME	Sex	Middle	Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		Raymond Bryan CARTER				2 December 10, 1995	Clark
RECORDED		CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)		2 Hosp. or Inst. Indicate DOA, OPV, etc. (Specify)		
		Las Vegas	Desert Springs Hospital		Inpatient		
		RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	SEX	DATE OF BIRTH (Mo., Day, Yr.)	
		Caucasian		72	Male	May 3, 1923	
		STATE OF BIRTH (If not U.S.A., name country)	CITIZENSHIP OF WHAT COUNTRY	Decedent's Education (Specify highest grade completed)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	SURVIVING SPOUSE (If wife, give maiden name)	
		Utah	USA	12	Married	Ferne I Sorensen	
		SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY			
			Operating Engineer	Heavy Equipment			
		RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		
		Nevada	Lincoln	Panaca	300 North Hwy 93		
PARENTS		FATHER—NAME	Sex	Middle	Last	MOTHER—MAIDEN NAME	Sex
		Bryan Carter					
		INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
		Ferne I. Carter	Box 226, Panaca, Nevada 89042				
		BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME		LOCATION		
		Cremation	Desert Crematory		Las Vegas, Nevada		
		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
		<i>Christa Johnson</i>	64	Desert Memorial 1111 Las Vegas Blvd N., Las Vegas, Nevada 89101			
		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.	22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.				
		(Signature and Title)	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)		
		<i>Maurice Pockey</i>	12/11/95	0512			
		21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	22b. PRONOUNCED DEAD (Mo., Day, Yr.)				
		Maurice Pockey, 1090 E Desert Inn STE 200, LV, NV 89109	22c. AT				
		REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
		<i>John Patrick Roberts</i>	DEC 12 1995	24c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
		23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	Interval between onset and death				
		1. POSSIBLE MASSIVE PULMONARY EMBOLUS - POST OPERATIVE	5 days				
		2. ESOPHAGECTOMY/RECONSTRUCTION	Interval between onset and death				
		3. CARCINOMA OF ESOPHAGUS	? 6 mos.				
		24. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	AUTOPSY (Specify Yes or No)				
			27. No				
		25. ACC., SUICIDE, HOUL, UNDET. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
		INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—(A home, farm, shop, factory, office building, etc.) (Specify)	LOCATION	STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

No. 88040

"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: DEC 26 1995

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

BOOK 117 PAGE 421