

# Affidavit-Death of Joint Tenant

A-2

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THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF Lincoln

FERNE I. CARTER, of legal age, being first duly sworn, deposes and says that RAYMOND BRYAN CARTER, 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 OCTOBER 4, 1985 executed by KERR-MCGEE CORPORATION, a Delaware Corporation, to RAYMOND B. CARTER AND FERNE I. CARTER, husband and wife as joint tenants, recorded as Instrument No. 84501 on January 21, 1986, in book 69 page 409 of Official Records of LINCOLN County, Nevada, covering the following described property situated in the \_\_\_\_\_ County of LINCOLN, State of Nevada:

BEGINNING at the Northwest corner of the Southwest Quarter (SW $\frac{1}{4}$ ) of the Southwest Quarter (SW $\frac{1}{4}$ ) of Section 5, Township 2 South, Range 68 East, M.D.B. & M., and running thence East 447 feet, more or less, to the East right-of-way line of U. S. Highway 93; thence continuing due East a distance of 133.10 feet, to a point; thence running South 2°30' West a distance of 166.37 feet to the TRUE POINT OF BEGINNING; thence continuing South 2°30' West a distance of 163.76 feet; thence North 87°30' West a distance of 133 feet to the said East right-of-way line of U. S. Highway 93; thence running North 2°30' East along said East right-of-way line a distance of 163.76 feet; thence running East a distance of 133.00 feet to the TRUE POINT 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  
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. \_\_\_\_\_

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

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

SPACE BELOW THIS LINE FOR RECORDER'S USE

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

104835

RECORDED AT \_\_\_\_\_  
Ferne Carter

February 26, 1996

55 MINUTES PAST \_\_\_\_\_

P. M. \_\_\_\_\_ 117

CO. \_\_\_\_\_ 424  
LINCOLN COUNTY, NEVADA.

Yuriko Setzer

By Julie Boucher, deputy

007969

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

LOCAL FILE NUMBER <b>007969</b>		STATE FILE NUMBER	
DECEASED—NAME First Middle Last <b>Raymond Bryan CARTER</b>		DATE OF DEATH (Month, Day, Year) <b>December 10, 1995</b>	
CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		COUNTY OF DEATH <b>Clark</b>	
HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number) <b>Desert Springs Hospital</b>		In Hosp. or Inst. Indicate DOA, OFFICER, Pm. equivalent (Specify) <b>Inpatient</b>	
RACE—(e.g., White, Black, American Indian, and (Specify) <b>Caucasian</b>		SEX <b>Male</b>	
AGE—Last Birthday (Years) <b>72</b>		DATE OF BIRTH (Mo., Day, Yr.) <b>May 3, 1923</b>	
STATE OF BIRTH (If not U.S.A., name country) <b>Utah</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	
CITIZEN OF WHAT COUNTRY <b>USA</b>		SURVIVING SPOUSE (If wife, (pre-natal name) <b>Ferne I Sorensen</b>	
SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		USUAL OCCUPATION (State kind of Work Done During Most of Working Life, Even if Retired) <b>Operating Engineer</b>	
INDUSTRY—STATE <b>Nevada</b>		KIND OF BUSINESS OR INDUSTRY <b>Heavy Equipment</b>	
CITY, TOWN, OR LOCATION <b>Lincoln</b>		STREET AND NUMBER <b>300 North Hwy 93</b>	
FATHER—NAME First Middle Last <b>Bryan Carter</b>		MOTHER—MAYNIE NAME First Middle Last <b>[REDACTED]</b>	
INFORMANT—NAME (Type or Print) <b>Ferne I. Carter</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>Box 226, Panaca, Nevada 89042</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		CEMETERY OR CREMATORY—NAME LOCATION City or Town State <b>Desert Crematory Las Vegas Nevada</b>	
FUNERAL DIRECTOR—SIGNATURE OF Person Acting as Agent <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER NAME AND ADDRESS OF FACILITY <b>64 1111 Las Vegas Blvd N., Las Vegas, Nevada 89101</b>	
DATE SIGNED (Mo., Day, Yr.) <b>12/11/95</b>		DATE SIGNED (Mo., Day, Yr.) <b>[REDACTED]</b>	
HOUR OF DEATH <b>0512</b>		HOUR OF DEATH <b>[REDACTED]</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Maurice Pockey, 1090 E Desert Inn STE 200, LV, NV 89109</b>		PRONOUNCED DEAD (Mo., Day, Yr.) <b>DEC 12 1995</b>	
LICENSURE NUMBER <b>6901</b>		DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
IMMEDIATE CAUSE <b>POSSIBLE MASSIVE PULMONARY EMBOLUS - POST OPERATIVE</b>		Interval between onset and death <b>5 Days</b>	
DUE TO, OR AS A CONSEQUENCE OF: <b>ESOPHAGECTOMY/RECONSTRUCTION</b>		Interval between onset and death <b>[REDACTED]</b>	
DUE TO, OR AS A CONSEQUENCE OF: <b>CARCINOMA OF ESOPHAGUS</b>		Interval between onset and death <b>? 6 mos.</b>	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) <b>No</b>	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>DEC 12 1995</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
DESCRIBE HOW INJURY OCCURRED		LOCATION	
PLACE OF INJURY—If home, farm, street, factory, etc. (Specify)		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

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