

Lincoln County

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

First American Title Co. of Nevada
P.O. Box 1048
Ely, NV 89301

Order No. 428509WP
Escrow No. 428509WP
Loan No. _____

NO. 109788

FILED AND RECORDED AT REQUEST OF
First American Title

Oct. 7, 1997

AT 20 MINUTES PAST 2 O'CLOCK

P.M. IN BOOK 130 OF OFFICIAL

RECORDS PAGE 462 LINCOLN

COUNTY, NEVADA

Jennifer E. Ward
COUNTY RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF NEVADA
County of _____ ss.

WILLARD M. BENNETT, of legal age, being first duly sworn, deposes and says:
That ANNA DORIS BENNETT, the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as ANNA D. BENNETT
named as one of the parties in that certain DEED dated JUNE 17, 1977
executed by UNION CARBIDE CORPORATION
to WILLARD M. BENNETT AND ANNA D. BENNETT, HUSBAND AND WIFE
as joint tenants, recorded as Instrument No. 59067 on JULY 5, 1977 in
Book 21 Page 73 of Official Records of LINCOLN County,
covering the following described property situated in the County of LINCOLN State of NEVADA

LOT 45 OF ALAMO SOUTH SUBDIVISION, TRACT NO. 1, UNIT 2, AS SHOWN ON THAT
CERTAIN FINAL PLAT FILED FOR RECORD IN THE OFFICE OF THE LINCOLN COUNTY
RECORDER ON JANUARY 13, 1977, IN BOOK OF PLATS A1, PAGE 126, AS FILE NO.
59021.

Dated: September 16, 1997

Willard M. Bennett
WILLARD M. BENNETT

SUBSCRIBED AND SWORN TO before me, the
undersigned a Notary Public in and for said State,

this 23rd day of September, 1997
WITNESS my hand and official seal.

Signature *Jennifer E. Ward*

JENNIFER E. WARD

Name (Typed or Printed)



JENNIFER E. WARD
Notary Public - Nevada
My appl. exp. June 13, 1998
No. 04-4124-1

BOOK 130 IN 462

(This area for official notarial seal)

Lincoln County

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

003039

LOCAL FILE NUMBER		STATE FILE NUMBER	
1 DECEASED—NAME First Middle Last Anna Doris BENNETT		7 DATE OF DEATH (Month, Day, Year) April 26, 1997	
2 CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3a COUNTY OF DEATH Clark	
3c HOSPITAL OR OTHER INSTITUTION—Name (if not author, give street and number) Nathan Adelson Hospice		3e Inpatient (Specify) Inpatient	
4 RACE—(a) White, Black, American Indian, etc. (Specify) White		4 Female	
5 STATE OF BIRTH (if not U.S.A., name country) West Virginia		6 DATE OF BIRTH (Mo., Day, Yr.) Oct 7, 1921	
7a AGE—Last Birthday (Years) 75		7b UNDER 1 YEAR MO. : DAYS	
8 CITIZEN OF WHAT COUNTRY U.S.A.		9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
10 SOCIAL SECURITY NUMBER		11 SURVIVING SPOUSE (if wife, give maiden name) Willard Earle Bennett	
12 USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) Homemaker		13 KIND OF BUSINESS OR INDUSTRY Own Home	
14a RESIDENCE—STATE Nevada		14b CITY, TOWN, OR LOCATION Alamo	
15a FATHER—NAME First Middle Last Clayton Handley		15b MOTHER—MAIDEN NAME First Middle Last Ida B Walton	
16 INFORMANT—NAME (Type or Print) Willard M. Bennett - Husband		17 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 561 Alamo, Nevada 89001	
18a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Buried		18b CEMETERY OR CREMATORY—NAME Southern Nevada Veterans Memorial Cemetery	
18c LOCATION Boulder City, Nevada		19 FUNERAL DIRECTOR LICENSE NUMBER 58	
20a NAME AND ADDRESS OF FACILITY Palm Mortuary - Eastern		20b 7600 S. Eastern Ave., Las Vegas, Nevada 89123	
21a DATE SIGNED (Mo., Day, Yr.) 4/28/97		21b HOUR OF DEATH 8:50 AM	
21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d ON	
22a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print) Karen Cross, M.D. 1641 East Flamingo Road Las Vegas Nevada 89119		22b LICENSE NUMBER 6052	
23a REGISTRAR (Signature) Jean Marie Deputy		23b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 29 1997	
23c IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) cardiopulmonary arrest		23d DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PART I (A) DUE TO, OR AS A CONSEQUENCE OF: end stage Alzheimer disease		Interval between onset and death	
PART II (B) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		Interval between onset and death	
24a ACC. SUICIDE, HON. UNDELT. OR PENDING INVEST. (Specify) No		24b DATE OF INJURY (Mo., Day, Yr.)	
24c HOURS OF INJURY M		24d DESCRIBE HOW INJURY OCCURRED	
24e INJURY AT WORK (Specify Yes or No)		24f PLACE OF INJURY—In home, farm, street, factory, office building, etc. (Specify)	
24g LOCATION		24h STREET OR R.F.D. No.	
24i CITY OR TOWN		24j STATE	

STATE REGISTRAR

No. 113736

"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:

Date Issued:

MAY 02 1997

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573

NOV 130 INCL 463