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FILED FOR RECORDING  
AT THE REQUEST OF

Lewis W. Bradshaw

2005 JUL 11 AM 9 50

LINCOLN COUNTY RECORDER  
FEE \$16.00 DEP  
LESLIE BOUCHER RB

Affidavit of Death Joint Tenant  
Title of Document

Grantees address and mail tax statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT OF DEATH OF JOINT TENANT**

State of Nevada }  
                          SS  
County of Lincoln }

Lewis W. Bradshaw, of legal age, being first duly sworn, deposes and says: That Winnifred V.I. Bradshaw , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Winnifred Bradshaw named as one of the parties in that certain Deed; and that Lewis W. Bradshaw is the same Louis W. Bradshaw named as one of the parties in that certain Deed, dated August 2, 1960, executed by Milford State Bank to Louis & Winnifred Bradshaw, as joint tenants, recorded as Instrument No. 92525 on August 2, 1960 in Book 87, Page 501, 502, of the Recorder's records of Lincoln County, Nevada, covering the following described property situated in the said County, State of Nevada:

District 3, Parcel No. 00309602, Property Location: R 67 East, T 4 South, S 7 & 8, 2 lots, Block 41, Lots 4 & 5, Caliente, Nevada

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 \$9,250.00.

Signed   
LEWIS W. BRADSHAW

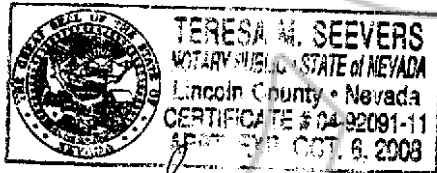
STATE OF NEVADA }  
                          SS  
COUNTY OF LINCOLN }

Subscribed and sworn to (or affirmed) before me on this 11<sup>th</sup> day of July, 2005, by Lewis W. Bradshaw, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

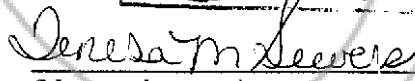
July 11, 2005  
Date

When recorded mail document to:

(Seal)



Lewis W. Bradshaw  
P.O. Box 511  
Caliente, NV 89008

  
(Notary signature)

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Winnifred Velma Irene BRADSHAW		2. January 28, 2000		3a. Lincoln			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/ Emer. Rm. Inpatient (Specify)		SEX	
3b. Caliente		3c. Grover C. Dils Medical Center		3e. Inpatient		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify yes or no if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		UNDER YEAR UNDER 1 DAY	
5. White		6.		7a. 74		7b. MOS : DAYS 7c. HOURS : MINS	
DATE OF BIRTH (Mo., Day, Yr.)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. January 13, 1926		9a. Manitoba Canada		10. 16		11. Married	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		SURVIVING SPOUSE (If wife, give maiden name)	
9a. Manitoba Canada		9b. U.S.A.		10. 16		12. Lewis W. Bradshaw	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13.		14a. Registered Nurse		14b. Nursing			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Lincoln		15c. Caliente		15d. 583 Dixon Street	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
15e. Yes		16. Samuel McKie		17. Mary Ellen Diamond			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Lewis W. Bradshaw		18b. P.O. Box 511 Caliente, Nevada 89008					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Burial		19b. Conaway Memorial Veterans		19c. Caliente, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 15		20c. Wiscombe Funeral Home, Inc. 730 Front Street Caliente, Nevada 89008			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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.	
21a. [Signature and Title]		21b. 2-1-00		21c. 1133		22a. [Signature and Title]	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. ON	
21d.		22b.		22c.		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23b. LICENSE NUMBER		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
23a. Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008		23b. 4798		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. 2-1-00		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART I (a) (b) (c)		INTERVAL BETWEEN ONSET AND DEATH			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART I (a) (b) (c)		INTERVAL BETWEEN ONSET AND DEATH			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART I (a) (b) (c)		INTERVAL BETWEEN ONSET AND DEATH			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. No		27. NO			
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVESTIGATION (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

STATE REGISTRAR

No. 135899

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

Date issued: FEB 11 2000

BOOK 203 PAGE 419  
State Registrar