

AFFIDAVIT OF SURVIVORSHIP

STATE OF NEVADA)
) ss.
COUNTY OF ELKO)

MELVIN R. JONES, being first duly sworn, deposes and says: That he is the surviving husband of Henrietta L. Jones who is named as one of the grantees in those certain Deeds dated February 25, 1952, executed by William H. Blair and Mabel W. Blair, his wife to Melvin R. Jones and Henrietta L. Jones, his wife, said Deeds being recorded in Book 25, page 359, and Book 25, page 360, respectively, records of Eureka County, Nevada; that I know of my own knowledge that Henrietta L. Jones, who is named in the attached certified copy of Certificate of Death, is one and the same person as Henrietta L. Jones, wife of Melvin R. Jones, who is named as one of the grantees in the above mentioned Deeds; said Henrietta L. Jones died at Battle Mountain, Nevada, July 7, 1955.

Melvin R. Jones

Melvin R. Jones

Subscribed and sworn to before me

this 27th day of November, 1959.

Leah B. Naylor

NOTARY PUBLIC

My Commission expires: October 29, 1963

(notarial seal)

| NEVADA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH | | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|--|--|------------------------|--|
| BIRTH No. <u>483</u> | | STATE FILE No. <u>1156</u> | | | | | | REGISTRAR'S No. <u>245</u> | | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>BATTLE MOUNTAIN</u> | | LANDER | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) b. STATE <u>NEVADA</u> | | c. CITY (if outside corporate limits, write RURAL) | | TOWN <u>RURAL</u> | | d. STREET ADDRESS (if rural, give location) <u>PALISADE</u> | | | |
| 3. NAME OF DECEASED a. (Print) <u>HENRIETTA</u> | | b. (Maiden) <u>LOUISE</u> | | c. (Last) <u>JONES</u> | | 4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1955</u> | | 5. AGE (in years last birthday) <u>25</u> | | 6. SEX <u>Female</u> | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. COLOR OR RACE <u>WHITE</u> | | 9. MARITAL STATUS (State or foreign country) <u>HOME</u> | | 10. BIRTHPLACE (State or foreign country) <u>BATTLE MOUNTAIN, NEVADA</u> | | 11. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u> | | 12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13. FATHER'S NAME <u>RENE WATT LEMAIRE</u> | | 14. MOTHER'S MAIDEN NAME <u>ETTA MARIE DOBLE</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Check box) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NO</u> | | 17. INFORMANT <u>RENE LEMAIRE</u> | | 18. INTERVIEWER <u>RENE LEMAIRE</u> | | | |
| 19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean that all of these causes are listed, but that the cause of death is listed, and the underlying cause listed. - - - - - | | 20. MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>CANCER OF CERVIX WITH METASTASIS</u> | | 21. ANTICIPATED CAUSES Specify conditions, if any, giving the date to (b) <u>DATE TO (b)</u> Due to (c) <u>DATE TO (c)</u> | | 22. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 23. MAJOR FINDINGS OF OPERATION | | 24. INTERVAL BETWEEN ONSET AND DEATH <u>1 YEAR</u> | | 25. AUTOPSY? <u>NO</u> | |
| 26. ACCIDENT a. (Specify) <u>HOME</u> | | 27. PLACE OF INJURY (e.g., the roadway, home, factory, street, office, etc.) | | 28. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>BATTLE MOUNTAIN, NEVADA</u> | | 29. HOW AND WHEN INJURY OCCURRED a. (Specify) <u>WHILE AT WORK</u> | | 30. DATE OF INJURY <u>July 7, 1955</u> | | 31. I hereby certify that I attended the deceased from <u>SEPT. 12, 1949, to JULY 7, 1955</u> , that I last saw the deceased alive on <u>JULY 7, 1955</u> , and that death occurred at <u>12:30 a.m.</u> from the causes and on the date stated above. | | | |
| 32. SIGNATURE <u>[Signature]</u> | | 33. ADDRESS <u>P.O. BOX 457 BATTLE MOUNTAIN, NEVADA</u> | | 34. DATE SIGNED <u>JULY 15, 1955</u> | | 35. SIGNATURE <u>[Signature]</u> | | 36. ADDRESS <u>Eddy Funeral Home, Winnemucca, Nev.</u> | | 37. DATE SIGNED <u>7/15/55</u> | | | |
| 38. BURIAL, CREMATION, OR DISPOSAL (Specify) <u>burial</u> | | 39. DATE <u>7/10/55</u> | | 40. NAME OF CEMETERY OR CREMATORY <u>Battle Mtn. Cemetery</u> | | 41. LOCATION (City, town, or county) <u>Battle Mtn., Nevada</u> | | 42. FUNERAL DIRECTOR <u>[Signature]</u> | | 43. ADDRESS <u>[Signature]</u> | | | |

I hereby certify that this is a true and correct copy of the original record which is on file in the office of the Division of Vital Statistics of the Nevada State Department of Health at Carson City, Nevada.

DATE ISSUED: November 12, 1959

[Signature]
Director of Vital Statistics

Recorded at the request of Pioneer Title Insurance Co., December 1, A.D., 1959 At 05 minutes past 4 P. M.

Willis A. DePaoli - Recorder.