

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				STATE FILE NO. <u>1156</u>	
BIRTH NO. <u>488</u>		REGISTRATION NO. <u>2443</u>		REGISTERED BEFORE	
1. PLACE OF DEATH a. COUNTY <u>LANDER</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>NEVADA</u> b. COUNTY <u>CUREKA</u>			
b. CITY (if outside corporate limits, write RURAL) <u>BATTLE MOUNTAIN</u>		c. LENGTH OF STAY (if not place) <u>5 NOS.</u>		c. CITY (if outside corporate limits, write RURAL) <u>RURAL</u>	
d. FULL NAME OF HUSBAND OR INSTITUTION (if not in hospital or institution, give street address of decedent) <u>FAMILY RESIDENCE - HUMBOLDT ST.</u>		d. STREET ADDRESS (if mail, give location) <u>PALISADE</u>			
3. NAME OF DECEASED a. (First) <u>HENRIETTA</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 7, 1958</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED <u>MARRIED</u>	
8. USUAL OCCUPATION (Give kind of work. Code on back of certificate, if any, if listed) <u>HOUSEWIFE</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		8. DATE OF BIRTH (Month) (Day) (Year) <u>JULY 5, 1930</u>	
9a. BIRTHPLACE (State or foreign country) <u>HOUSWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>BATTLE MOUNTAIN, NEVADA</u>		9. AGE (in years) (if fraction, give month) (if single, give date) <u>25</u>	
10. FATHER'S NAME <u>RENE WATT LEMAIRE</u>		14. MOTHER'S MAIDEN NAME <u>ETTA MARIE DOBLE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Date, if so indicated) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		13. INFORMANT <u>RENE LEMAIRE</u>	
13. CAUSE OF DEATH (Enter only one cause per box for (a), (b), and (c))		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>CANCER OF CERVIX WITH METASTASIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 YEAR</u>	
*This does not mean: (b) If most of signs, such as fainting, vomiting, etc., it causes the disease, nature or extent of condition which caused death.		ANTICIPATED CAUSES 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION <u>NO</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. ACCIDENT a. (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in restaurant, home, factory, street, or other public place) <u>NO</u>		21a. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>NO</u>	
24b. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NO</u>		21c. INJURY OCCURRED WHILE AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21d. HOW DID INJURY OCCUR <u>NO</u>	
22. I hereby certify that I attended the deceased from <u>SEPT. 12, 1949</u> , to <u>JULY 7, 1958</u> , that I last saw the deceased alive on <u>JULY 7, 1958</u> , and that death occurred at <u>12:30 A.M.</u> from the causes and on the date stated above.					
23. SIGNATURE (Signature) <u>[Signature]</u>		25b. ADDRESS (City, town, or county) <u>P.O. BOX 457 BATTLE MOUNTAIN, NEVADA</u>		25. DATED AND SIGNED <u>JULY 15, 1958</u>	
24. DATE OF BIRTH (Month) (Day) (Year) <u>7/10/55</u>		24. NAME OF CEMETERY OR CREMATORY <u>Battle Mtn. Cemetery Battle Mtn., Nevada</u>			
DATE RECD BY LOCAL HEALTH DEPT. <u>7/15/58</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. FUNERAL DIRECTOR (Name) (Address) <u>Juddy Funeral Home, Winnemucca, Nev.</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.