

File No. 35758

AFFIDAVIT OF SURVIVORSHIP
BY SURVIVING JOINT TENANT

STATE OF NEVADA)
) ss.
County of Washoe)

RUTH HARRIS CATON, being first duly sworn, deposes and says:

That she is the surviving joint tenant with respect to the real property situate in the Town of Eureka, County of Eureka, State of Nevada, described as follows:

Lot 4, Block 3
Lot 16, Block 22
1/4 Interest in the following:
Lots 1, 2, 3, 4, 5 and 6, Block 25
Lots 5, 6 and 7, Block 27
Lot 5, Block 42

TOGETHER with all improvements thereon and personal property therein.

Any and all other real property and improvements thereon owned by KATE C. HARRIS in the County of Eureka, State of Nevada.

That KATE C. HARRIS died August 8, 1961; that a certified copy of the death certificate is annexed; that the name Katherine Caroline Harris appearing on the death certificate is the full name of and refers to the said KATE C. HARRIS.

That affiant, RUTH HARRIS CATON, survives the said KATE C. HARRIS.

That affiant and said KATE C. HARRIS, deceased, held title to the above described property as joint tenants with right of survivorship by deed dated May 26, 1958, recorded June 2, 1958, in Liber 25 of Deeds, page 232, Records of Eureka County, Nevada; that affiant and KATE C. HARRIS succeeded to the whole interest in the described property upon the death of A. C. HARRIS, who was also a joint tenant therein with right of survivorship, said A. C. HARRIS having died June 24, 1958, and an Affidavit of Survivorship having been filed July 29, 1958, Document No. 33816, in Liber G of Miscellaneous, page 439, Records of Eureka County, Nevada.

That by such survivorship she has become sole owner in fee of the real property above described.

DATED: October 26, 1961.

Ruth Harris Caton
Ruth Harris Caton

SUBSCRIBED and SWORN to before me this 26th day of October, 1961.

(Notarial Seal)

REGISTRAR'S NO. 602		CERTIFICATE OF DEATH		STATE FILE NO.	
1. PLACE OF DEATH: STATE OF NEVADA A. COUNTY WASHOE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) A. STATE NEVADA B. COUNTY WASHOE		
B. CITY, TOWN, OR LOCATION RENO		C. Length of stay in 1b 22 Years	C. CITY, TOWN, OR LOCATION RENO		
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1865 PALISADE DRIVE			D. STREET ADDRESS 1865 PALISADE DRIVE		
E. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		E. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) KATHERINE CAROLINE HARRIS			4. DATE (Month) (Day) (Year) OF DEATH AUGUST 8, 1961		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 23, 1886	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) EUREKA, NEVADA		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME LUIGI REBALEATI			14. MOTHER'S MAIDEN NAME MARY ROMANO		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SEC. NO. NONE	17. INFORMANT ADDRESS MRS. RUTH CATON, 1865 Palisade Drive, Reno		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) carcinoma of the colon					Interval between onset and death 8 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (B) _____ DUE TO (C) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(A)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20A. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
20C. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20E. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20F. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1956 to 1961 and last saw (her) (her) alive on Aug. 7, 1961 Death occurred at 7:35 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22A. SIGNATURE (Degree or Title) GILBERT GORDON LENZ, M.D.			22B. ADDRESS 505 S. Arlington, Reno, Nev.		22C. DATE SIGNED Aug. 8, 1961
23A. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		23B. DATE 8/10/61	23C. NAME OF CEMETERY OR REPOSITORY Northside View		23D. LOCATION (City, town, or county) (State) Reno, Nevada
24. FUNERAL DIRECTOR EMBALMER'S LIC. NO. ADDRESS WALTON FUNERAL HOME 111 Reno, Nevada			25. DATE REC'D BY Aug. 9, 1961	26. REGISTRAR'S SIGNATURE W. E. WINIKOW, M.D.	

398 NEVADA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS BIRTH NO. MEDICAL CERTIFICATION

Recorded at the request of Prince A. Hawkins December 8, A.D., 1961 At 30 minutes past 8
A. M.

Willis A. DePaoli - Recorder.