8-28-79

69975

AFFIDAVIT

STATE OF UTAH)
) ss.
COUNTY OF SALT LAKE)

ELLSWORTH GYE FARR, being first duly sworn, deposes and says that he is the son of ELLSWORTH JOSEPH FARR and B. IRENE FARR, who are the owners of the following described property located in Eureka County, State of Nevada, to wit:

The East half of the Northeast quarter of the Northeast quarter of Section 29, Township 30 North, Range 49 East, M.D.B.M., as per Government Survey.

The Affiant personally knows that ELLSWORTH JOSEPH FARR died on October 18, 1973 and is the same person whose name is shown on the attached certified copy of the Certificate of Death of ELLSWORTH JOSEPH FARR.

DATED this 9th day of Sept, 1979.

Ellsworth Gye Farr
ELLSWORTH GYE FARR

STATE OF UTAH)
) ss.
COUNTY OF SALT LAKE)

On the 9th day of Sept, 1979, ELLSWORTH GYE FARR appeared before me and acknowledged that he executed the foregoing Affidavit, knows the content thereof to be true.

Dale Kent Featherstone
NOTARY PUBLIC
Salt Lake City, Utah

My Commission Expires:
11-27-82

SEAL Affixed

BOOK 74 PAGE 73

ORANGE COUNTY HEALTH DEPARTMENT

832 WEST CENTRAL BOULEVARD • POSTOFFICE BOX 3187 • TEL. 849-3335 • ORLANDO, FLORIDA 32802

CERTIFICATE OF DEATH

Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS

FLORIDA

STATE FILE NO.
REGISTRAR'S NO. 73 3018

DECEASED—NAME (FIRST, MIDDLE, LAST) 1. ELLSWORTH JOSEPH FARR		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. October 18, 1973
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 74	UNDER 1 YEAR: MOS. 5b. / DAYS	UNDER 1 DAY: HOURS 5c. / MIN.
DATE OF BIRTH (MONTH, DAY, YEAR) 6. Jan 31, 1899	COUNTY OF DEATH 7a. Orange		
CITY, TOWN, OR LOCATION OF DEATH 7b. Orlando	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Orange Memorial Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. New York	CITIZEN OF WHAT COUNTRY 9. U. S. A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Blanche Irene Roussel
SOCIAL SECURITY NUMBER 12. [redacted]	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Retired Chiropractor	KIND OF BUSINESS OR INDUSTRY 13b. Private Practice	
RESIDENCE—STATE 14a. Florida	COUNTY 14b. Volusia	CITY, TOWN, OR LOCATION 14c. Deltona	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes / STREET AND NUMBER 14e. 1629 Gainesville Dr.
FATHER—NAME (FIRST, MIDDLE, LAST) 15. Harmon Farr	MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST) 16. Polly Nash		
INFORMANT—NAME 17a. B. Irene Farr	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 1629 Gainesville Dr., Deltona, Florida.		

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE	(a) Right pulmonary thromboembolism	3 days
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (b) Pulmonary infarction right, middle and lower lobe	
	DUE TO, OR AS A CONSEQUENCE OF: (c)	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — AUTOPSY (YES OR NO) 19a. yes — IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. yes

(Probably) ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED (Specify) 20a	DATE OF INJURY (MONTH, DAY, YEAR) 20b	HOUR 20c. M.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d
INJURY AT WORK (SPECIFY YES OR NO) 20e	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g	

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 10/15/73 TO 21b. 10/17/73 AND LAST SAW HIM/HER ALIVE ON 21c. 10/17/73 (MONTH, DAY, YEAR) I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. Did DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 7:30 A.M.

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH 22a. M. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR) 22b.

CERTIFIER—NAME (TYPE OR PRINT) 23a. Colin T. Freeman	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR) 23c. 10/22/73
MAILING ADDRESS—CERTIFIER (STREET OR R.F.D., CITY OR TOWN, STATE, ZIP) 23d 32 W. Sturtevant Orlando, Florida 32806			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Deltona Memorial Garden	LOCATION (CITY OR TOWN, STATE) 24c. Deltona, Florida 32763	
DATE (MONTH, DAY, YEAR) 24d. Oct. 20, 1973	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Stephen R. Baldauff, Saxon Blvd., Deltona, Florida 32763		
FUNERAL DIRECTOR—SIGNATURE 25b. Stephen R. Baldauff	REGISTRAR—SIGNATURE 26. Ella M. Laby	DATE RECEIVED BY LOCAL REGISTRAR 26a. OCT 24 1973	

CERTIFIED COPY

I hereby certify the above to be a true and correct copy of the Local Registrar's record on file in the Orange County Health Department, Orlando, Florida.

W. N. Sisk, M.D.
County Health Officer and Local Registrar

DEC 10 1975
Date Issued

Ella M. Laby
Chief Deputy Registrar

WARNING: Not valid unless raised seal of the Orange County Health Department is affixed.

69975

RECORDED AT THE REQUEST OF John L. McCoy
on September 25, 1979, at 45 mins. past 10 A. M.
Book 74 of OFFICIAL RECORDS, page 73-74, RECORDS OF
EUREKA COUNTY, NEVADA. WILLIS A. DePAOLI Recorder
File No. 69975 Fee $ 4.00

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