

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 13, 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.

Doree Brent Leithstone
NOTARY PUBLIC
Salt Lake City, Utah

My Commission Expires:
11-27-82





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**

DECLASED—NAME ELLSWORTH JOSEPH FARR		SEX Male	DATE OF DEATH—MONTH, DAY, YEAR October 18, 1973
RACE White	AGE—LAST BIRTHDAY (YEARS) 74	DATE OF BIRTH—MONTH, DAY, YEAR Jan 31, 1899	COUNTY OF DEATH Orange
CITY, TOWN, OR LOCATION OF DEATH Orlando	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Orange Memorial Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) New York	CITIZEN OF WHAT COUNTRY U. S. A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Blanche Irene Roussel
SOCIAL SECURITY NUMBER [REDACTED]	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Retired Chiropractor	KIND OF BUSINESS OR INDUSTRY Private Practice	
RESIDENCE—STATE Florida	COUNTY Volusia	CITY, TOWN, OR LOCATION Deltona	STREET AND NUMBER 1629 Gainesville Dr.
FATHER—NAME Harmon Farr	MOTHER—MAIDEN NAME Polly Nash		
INFORMANT—NAME B. Irene Farr	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 1629 Gainesville Dr., Deltona, Florida		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
(a) Right pulmonary thromboembolism			3 days
(b) Pulmonary infarction right, middle and lower lobe			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) (b) (c)			
AUTOPSY (YES OR NO) yes		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH yes	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 10)
CERTIFICATION—PHYSICIAN: I ATTESTED THE DECEASED DIED ON 10/15/73	DATE OF INJURY—MONTH, DAY, YEAR 10/17/73	HOURLY 10/17/73	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE EFFECT OF THE CAUSE(S) STATED 7:30 A.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			
CERTIFIER—NAME WITH CAPTION W. N. Sisk, M.D.	SIGNATURE <i>W. N. Sisk</i>	DEGREE OF TITLE M.D.	DATE SIGNED—MONTH, DAY, YEAR 10/22/73
MAILING ADDRESS—CITY, STATE, ZIP 32 W. Sturtevant Orlando, Florida 32806			
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	CEMETERY OR CREMATORY—NAME Deltona Memorial Gardens	LOCATION Deltona, Florida 32763	
DATE Oct. 20, 1973	FUNERAL HOME—NAME AND ADDRESS Stephen R. Balcauff, Saxon Blvd., Deltona, Florida 32763		
FUNERAL DIRECTOR—SIGNATURE <i>Stephen R. Balcauff</i>	REGISTRAR—SIGNATURE <i>Ella M. Laby</i>	DATE RECEIVED BY LOCAL REGISTRAR 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. in
Book 74 of OFFICIAL RECORDS, page 73-74, RECORDS OF
EUREKA COUNTY, NEVADA. WILLIS A. DePAOLI Recorder
File No. 69975 Fee \$ 4.00