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STATE OF NEVADA     )  
                          ) ss.  
County of Eureka    )

I, MARIANNE SMITHWICK, of Elko, Nevada, P.O. Box 143, being first duly sworn, deposes and says that IRA M. SMITHWICK, died near Elko, Nevada in the County of Elko, State of Nevada on the 8th day of February, 1967. Deponent further says that she is the widow of the said IRA M. SMITHWICK, that the Affidavit, together with the Certificate of Death, is made and recorded for the purpose of terminating the Joint Tenancy of the property owned by the parties in Beowawe, Nevada and discribed as follows:

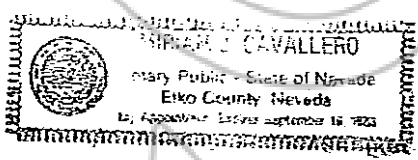
LOTS 10, 11 & 12 of BLOCK 18  
in the Town of Beowawe, Nevada

IN WITNESS WHEREOF, I have hereunto set my hand this 12<sup>th</sup> day of August, 1980.

Marianne Smithwick  
MARIANNE SMITHWICK

Subscribed and sworn to before me  
this 12<sup>th</sup> day of August, 1980

Miriam J. Cavallero  
Notary Public.



DIVISION OF HEALTH - SECTION OF VITAL STATISTICS  
**CERTIFICATE OF DEATH** No. 62-000484

REGISTRAR'S No. 3607

1. PLACE OF DEATH: STATE OF NEVADA A. COUNTY <u>Elko</u>		B. USUAL RESIDENCE (If any different than before admission) A. STATE <u>Nevada</u> B. COUNTY <u>Eureka</u>	
B. CITY, TOWN, OR LOCATION <u>Near Elko</u>		C. Length of stay <u>in transit</u>	C. CITY, TOWN, OR LOCATION <u>Rural of Carlin</u>
D. NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS <u>Pine Valley Maintenance Station</u>	
E. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		E. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4. DATE (Month) (Day) (Year) OF DEATH <u>Feb. 8, 1967</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Ira H. Smithwick</u>		5. SEX <u>Male</u>	
6. COLOR OR WHITE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> WIDDED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <u>June 30, 1898</u>		9. AGE (In years) (last birthday) <u>68</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance man</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>St. Highway Dep.</u>	
11. BIRTHPLACE (State or foreign country) <u>Amate, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Robert Smithwick</u>		14. MOTHER'S MAIDEN NAME <u>Etta Cotterell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SEC. NO. <u>530 10 9299</u>	
17. INFORMANT <u>Mrs. Marian Smithwick, 3 Pine Valley,</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) <u>Cadaveric embolism</u> Interval between onset and death <u>14 hrs.</u> DUE TO (a) <u>ASHD</u> <u>years</u> DUE TO (b) <u>Other: Cadaveric embolism</u> <u>3 wks</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A)			
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, ship, etc.)	
20E. CITY, TOWN, OR LOCATION		20F. COUNTY STATE	
21. I attended the deceased from <u>2/13/67</u> to <u>2/15/67</u> and last saw (him) (her) alive on <u>2/7/67</u> Death occurred at <u>2:30</u> (p. m. on the date stated above) and to the best of my knowledge, from the causes stated.			
22A. SIGNATURE (Name or Title) <u>E. H. Burnen M.D.</u>		22B. ADDRESS <u>Elko, Nev.</u>	
22C. DATE SIGNED <u>2/15/67</u>		22D. SIGNATURE <u>S. M. C.</u>	
23A. BURNING, CREMATION, REMOVAL (Specify) <u>Burial</u>		23B. DATE <u>2/11/67</u>	
23C. NAME OF CEMETERY OR CREMATORY <u>Maiden Grave Cemetery</u>		23D. LOCATION (City, town, or county) (State) <u>Boonawb, Eureka, Nevada</u>	
24. FUNERAL DIRECTOR <u>Burns Funeral Home Inc. 105, Elko, Nev.</u>		25. DATE REC'D BY LOCAL REG. <u>2-10-67</u>	
26. EMBALMER'S LIC. NO.		27. REGISTRAR'S SIGNATURE	

Alteration: Item No. 8, Date of Birth: June 30, 1897  
 Item No. 9, Ages: 69  
 Item No. 11, Birthplace: Amity, Illinois  
 Item No. 16, Social Security No.: 530 10 9299  
 Authority: Affidavits of R. E. Burns and Mrs. Marian Smithwick  
 Date: March 29, 1967 (State File No. 9230)

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

*J. R. Burns*  
VITAL STATISTICS

RECORDED AT REQUEST OF  
Johnson W. Lloyd  
BOOK 85 PAGE 11-12

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OFFICIAL RECORDS  
EUREKA COUNTY, NEVADA  
WILLIS A. DEPAUL RECORDER  
FILE NO. 75397  
FEE \$ 4.00

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