85350

STATE OF NEVADA)
: ss.
County of Eureka)

AFFIDAVIT
TERMINATING JOINT TENANCY

FRANCES M HENNEMAN, being first duly sworn, deposes and says that she is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant, FRANCES M HENNEMAN, is the person named as a joint tenant with R P CAMPBELL, deceased, one of the Grantees in that certain Deed recorded in the office of the County Recorder of the County of Eureka, State of Nevada, under date of the 12th day of November 1973 on Page 396 and 397 in Book 46, and Joint Tenancy Deed under date of the 10th day of January 1975, and recorded on Page 428 and 429 in Book 50 of the official records of Eureka County.

That R P CAMPBELL, deceased, was one of the Grantees named in said Deeds and is the identical person named as decedent in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

Frances M Henneman
FRANCES M HENNEMAN

STATE OF NEVADA)
:
County of Eureka)

On this 16th day of SEPTEMBER, 1982, personally appeared before me, a Notary Public, FRANCES M HENNEMAN, known to me to be the person described herein and who acknowledged that she executed the foregoing instrument.

Shirley Allison
NOTARY PUBLIC in and for said County and State

SHIRLEY ALLISON
Notary Public - State of Nevada
Appointment Recorded in Eureka County
MY APPOINTMENT EXPIRES SEPT. 29, 1986

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

82 003618

#39-82 (LOCAL FILE NUMBER)

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME: First: Roderick; Middle: P.; Last: CAMPBELL
2. DATE OF DEATH (Month, Day, Year): June 6, 1982
3a. COUNTY OF DEATH: White Pine
3b. CITY, TOWN, OR LOCATION OF DEATH: Ely
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): White Pine Care Center
3d. INSIDE CITY LIMITS (Specify Yes or No): Yes
3e. If Hosp. or Inst., indicate DOA, OP/Emer., Inp. Inpatient (Specify): Inpatient
4a. RACE—(e.g., White, Black, American Indian, etc) (Specify): White
4b. ETHNIC:
5a. AGE—Last Birthday (Years): 91
5b. UNDER 1 YEAR MOS / DAYS:
5c. UNDER 1 DAY HOURS / MINS:
6. DATE OF BIRTH (Mo., Day, Yr.): March 17, 1891
7. SEX: Male
8. STATE OF BIRTH (If not U.S.A., name country): Canada
9. CITIZEN OF WHAT COUNTRY:
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
11. SURVIVING SPOUSE (If wife, give maiden name):
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No):
13. SOCIAL SECURITY NUMBER: [redacted]
14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired): Rancher
14b. KIND OF BUSINESS OR INDUSTRY: Hay
15a. RESIDENCE—STATE: Nevada
15b. COUNTY: Eureka
15c. CITY, TOWN, OR LOCATION: Eureka
15d. STREET AND NUMBER:
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

If death occurred in institution see handbook regarding completion of residence items

PARENTS

16. FATHER—NAME: First: John; Middle:; Last: Campbell
17. MOTHER—MAIDEN NAME: First: Cecilia; Middle:; Last:

INFORMANT—NAME (Type or Print): 18a. Mr. Francis Escobar
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 18b. PO Box 69 Eureka, Nevada 89316

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Mt. View Crematory
19c. LOCATION City or Town State: Reno, Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such):
20b. NAME AND ADDRESS OF FACILITY: Wilson-Bates Mortuary 450 Mill Street Ely, Nevada

CERTIFIER

To be completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title): R Crouch MD
21b. DATE SIGNED (Mo., Day, Yr.): June 10, 1982
21c. HOUR OF DEATH: 12:30 P.M.
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be completed by Coroner's Office

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title):
22b. DATE SIGNED (Mo., Day, Yr.):
22c. HOUR OF DEATH:
22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON:
22e. PRONOUNCED DEAD (Hour) AT:

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)
23. Ronald H. Crouch, M.D. 1500 Avenue F East Ely, Nevada 89315

REGISTRAR
24a. (Signature): Larry J. Dunton
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): June 10, 1982
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (STATING THE UNDERLYING CAUSE LAST)

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) Cardio Pulmonary Arrest — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Congestive Heart Failure — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Arteriosclerotic Vascular Disease — Interval between onset and death:
PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
26. AUTOPSY (Specify Yes or No): No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): No

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify):
28b. DATE OF INJURY (Mo., Day, Yr.):
28c. HOUR OF INJURY:
28d. DESCRIBE HOW INJURY OCCURRED:
28e. INJURY AT WORK (Specify Yes or No):
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
28g. LOCATION—STREET OR R.F.D. No.:
CITY OR TOWN:
STATE:

SEAL Affixed
J. H. Carr, M.D.
John H. Carr, M.D.
STATE REGISTRAR

No. 38767

This is to certify that the above is a true and correct copy of the certificate on file in this office. VITAL RECORDS

Date Issued: AUG 26 1982

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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061013

RECORDED AT REQUEST OF
Frances M. Henneman
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82 SEP 16 P 2:53

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
WILLIS A. DEPAOLI-RECORDER
FILE NO. 85350
FEE: $5.00

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