

RECORDING REQUESTED BY

LEE A. RAINE

AND WHEN RECORDED MAIL TO:

Lee A. Raine
P.O. Box 18 578
Eureka, Nevada 89316

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF EUREKA

LEE RAINE, of legal age, being first duly sworn, deposes and says:

That ELVINA NEWLAND SMITH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ELVINA NEWLAND SMITH named as one of the parties in the Quitclaim Deed dated October 25, 1988, executed by ELVINA NEWLAND SMITH to ELVINA N. SMITH, A WIDOW, AND LEE ARLENE RAINE, A MARRIED WOMEN, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, recorded as in Book 188, Page 442, of Official Records of Eureka County, Nevada, covering the following described property situated in the City of Eureka, County of Eureka, State of Nevada:

Lots one (1), two (2), three (3) and six (6), in Block fifteen (15) in the Town of Eureka, County of Eureka, State of Nevada, as the same more fully appears from the official Map now on file in the office of the County Recorder, Eureka County, Nevada together with all improvements thereon situated.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$20,000.00.

Dated April 15, 1994

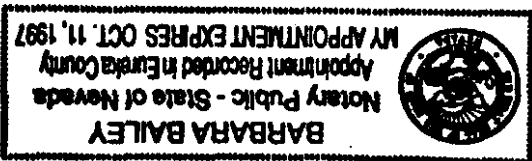
SUBSCRIBED AND SWORN TO BEFORE ME

this 15th day of April, 1994

STATE OF NEVADA
COUNTY OF EUREKA

On April 15, 1994 before me, Barbara Bailey, personally appeared Lee Raine, personally known to me of proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.



(Seal)

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

#84-93

1. DECEASED—NAME First Middle Last Elvina Newland SMITH		2. DATE OF DEATH (Month, Day, Year) DECEMBER 3, 1993		3. COUNTY OF DEATH WHITE PINE	
4. SEX FEMALE		5. DATE OF BIRTH (Mo., Day, Yr.) FEB. 4, 1908		6. RACE—(e.g., White, Black, American Indian, etc.) (Specify) WHITE	
7. AGE—Last Birthday (Years) 85		8. UNDER 1 YEAR MOS : DAYS : HOURS : MINS : UNDER 1 YEAR		9. CITIZEN OF WHAT COUNTRY USA	
10. DECEASED'S Education, grade completed. 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED		12. SURVIVING SPOUSE (If wife, give maiden name) OWN HOME	
13. SOCIAL SECURITY NUMBER [REDACTED]		14. USUAL OCCUPATION (Give kind of work done during most of working life. Even if Retired) HOMEMAKER		15. RESIDENCE—STATE NEVADA	
16. FATHER—NAME First Middle Last DONALD BROWN		17. MOTHER—MAIDEN NAME First Middle Last MARY CAMERON		18. INFORMATION—NAME (Type or Print) LEE RAINE	
19. BIRTHAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		20. CEMETERY OR CREMATORY—NAME EUREKA COUNTY CEMETERY		21. CITY, TOWN, OR LOCATION EUREKA	
22. FUNERAL DIRECTOR—NAME AND ADDRESS OF FACILITY WILSON-BATES MORTUARY 19 PO BOX 367/450 MILL STREET ELY, NEVADA 89301		23. DATE SIGNED (Mo., Day, Yr.) [Signature]		24. HOUR OF DEATH 11:00 P.M.	
25. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [Signature]		26. DATE SIGNED (Mo., Day, Yr.) [Signature]		27. PRONOUNCED DEAD (Mo., Day, Yr.) [Signature]	
28. PRONOUNCED DEAD (Hour) [Signature]		29. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) G. Norman Christensen, M.D., 1500 Avenue F Ely, Nevada 89301		30. LICENSE NUMBER 2334	
31. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 6, 1993		32. DEATH DUE TO COMMUNICABLE DISEASE YES ☐ NO ☒		33. REGISTRAR [Signature]	
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Cardiopulmonary arrest (b) Congestive heart failure, hypertension (c) Cardiovascular disease		35. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Interval between onset and death		36. AUTOPSY YES ☐ NO ☒	
37. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO		38. DESCRIBE HOW INJURY OCCURRED		39. DATE OF INJURY (Mo., Day, Yr.)	
40. HOUR OF INJURY		41. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		42. LOCATION CITY OR TOWN STATE	
43. INJURY AT WORK (Specify Yes or No)		44. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION		45. DATE ISSUED DEC 17 1993	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 268 PAGE 284

No. 059605

Deputy Registrar

DEC 17 1993

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

STATE OF NEVADA

BOOK 268 PAGE 283
RECORDED AT THE REQUEST OF
Lee Raine
'94 APR 15 AM 0:41
EUREKA COUNTY, NEVADA
M.N. REBALANCE, RECORDER
FILE NO. 1522405
FEES \$ 9.00

COPY

BOOK 268 PAGE 285

DEC 1 1998