152405

RECORDING REQUESTED BY

LEE A. RAINE

AND WHEN RECORDED MAIL TO:

Lee A. Raine
P.O. Box 155 98
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

LEE ARLENE RAINE

SUBSCRIBED AND SWORN TO BEFORE ME
this 15th day of April 1994

STATE OF NEVADA)
) ss
COUNTY OF EUREKA)

On April 15, 1994 before me, Barbara Bailey, personally appeared Lee Raine, personally known to me or 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)

BARBARA BAILEY
Notary Public - State of Nevada
Appointment Recorded in Eureka County
MY APPOINTMENT EXPIRES OCT. 11, 1997

Barbara Bailey

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

LOCAL FILE NUMBER #84-93 — STATE FILE NUMBER

DECEDENT

1. DECEASED—NAME: First Elvina; Middle Newland; Last SMITH
2. DATE OF DEATH (Month, Day, Year): DECEMBER 3, 1993
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
3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient/Specify: INPATIENT 6
4. SEX: FEMALE
5. RACE—(e.g., White, Black, American Indian, etc) (Specify): WHITE
6. Was Decedent of Hispanic Origin? Specify ☐ yes ☐ no If yes, specify Mexican, Cuban, Puerto Rican, etc.:
7a. AGE—Last Birthday (Years): 85
7b. UNDER 1 YEAR — MOS : DAYS
7c. UNDER 1 DAY — HOURS : MINS
8. DATE OF BIRTH (Mo., Day, Yr.): FEB. 4, 1908
9a. STATE OF BIRTH (If not U.S.A., name country): COLORADO
9b. CITIZEN OF WHAT COUNTRY: USA
10. Decedent's Education. Specify highest grade completed.: 16
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
12. SURVIVING SPOUSE (If wife, give maiden name):
13. SOCIAL SECURITY NUMBER: [redacted]
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): HOMEMAKER 914
14b. KIND OF BUSINESS OR INDUSTRY: OWN HOME 961

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

15a. RESIDENCE—STATE: NEVADA
15b. COUNTY: EUREKA
15c. CITY, TOWN, OR LOCATION: EUREKA
15d. STREET AND NUMBER: BUEL STREET
15e. INSIDE CITY LIMITS (Specify Yes or No): YES

PARENTS

16. FATHER—NAME: First DONALD; Middle; Last BROWN
17. MOTHER—MAIDEN NAME: First MARY; Middle; Last CAMERON

18a. INFORMANT—NAME (Type or Print): LEE RAINE
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): PO BOX 598 EUREKA, NEVADA 89316

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): BURIAL
19b. CEMETERY OR CREMATORY—NAME: EUREKA COUNTY CEMETERY
19c. LOCATION City or Town State: EUREKA, NEVADA
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting As Such):
20b. FUNERAL DIRECTOR LICENSE NUMBER: 11
20c. NAME AND ADDRESS OF FACILITY: WILSON-BATES MORTUARY 19 PO BOX 367/450 MILL STREET ELY, NEVADA 89301

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):
21b. DATE SIGNED (Mo., Day, Yr.): Dec 6 93
21c. HOUR OF DEATH: 11:00 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) and manner 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:

23a. 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
23b. LICENSE NUMBER: 2334

24a. REGISTRAR (Signature): Larry J Hunton
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): December 6, 1993
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) Cardiopulmonary arrest — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Congestive heart failure, hypertension — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Cardiovascular disease — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.
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:

No. 059605

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

Date Issued: DEC 17 1993

STATE REGISTRAR By: Lyonne Sylvester Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

BOOK 268 PAGE 284

BOOK 268 PAGE 283
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Lee Raine
'94 APR 15 A10 :41

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEE $ 9.00
152405

BOOK 268 PAGE 285