File No. 24450 BOOK 6 PAGE 182

A F F I D A V I T

OF TERMINATION OF JOINT TENANCY

STATE OF NEVADA)
) ss.
COUNTY OF EUREKA)

LUCILLE F. SHOLEY also known as LUCILLE F. SCHWEBLE, being first duly sworn deposes and says:

That on May 9, 1963 and May 14, 1963, the affiant together with her husband, JOHN F. SCHWEBLE, received in joint tenancy the following described property located in the County of Eureka, State of Nevada, to-wit:

> Lots one (1), two (2), three (3), four (4), five (5), six (6), seven (7) and eight (8), of Block Twenty-eight (28), Town of Eureka, County of Eureka, State of Nevada.

That said Deed dated May 9, 1963 and covering lots 1, 2, 3, 7 & 8, was recorded in the office of the County Recorder of Eureka County on June 12, 1963 as document No. 38349, and that Deed dated May 14, 1963 and covering lots 4, 5 & 6, was recorded in the office of the County Recorder of Eureka County on October 2, 1963 as document No. 38823.

That on June 19, 1963 one of the joint tenants, JOHN F. SCHWEBLE, died; A photo-static copy of said death certificate being annexed hereto;

That by virtue of JOHN F. SCHWEBLE's death, the joint tenancy to the above described property was terminated and the affiant now holds said land as her sole and separate property.

DATED: this 23 day of Oct., 1964

Lucille F. Sholey
LUCILLE F. SHOLEY also known as LUCILLE F. SCHWEBLE

SUBSCRIBED and SWORN to before me this 23 day of Oct., 1964.

Jean Stephenson
NOTARY PUBLIC
In and for said County and State,
My Commission Expires: June 17, 1966

REGISTRAR'S NO.

CERTIFICATE OF DEATH

STATE FILE NO.

1. PLACE OF DEATH: STATE OF NEVADA
A. COUNTY
B. CITY, TOWN, OR LOCATION
C. Length of stay in Dr.
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
E. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☐

2. USUAL RESIDENCE (If institution, if of a different)
A. STATE
B. COUNTY
C. CITY, TOWN, OR LOCATION
D. STREET ADDRESS
E. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☐
F. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)
4. DATE OF DEATH (Month) (Day) (Year)
5. SEX
6. COLOR OR RACE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH
9. AGE (Last Birthday) (If under 1 year, if under 24 hrs.) Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If so, give war or dates of service)
16. SOCIAL SEC. NO. [redacted]
17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)
DUE TO (b)
Conditions if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Interval between onset and death
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from to and last saw (him/her) alive on
Death occurred at m. on the date stated above and to the best of my knowledge, from the causes stated
22a. SIGNATURE (Degree or Title) Samuel P. McCarthy Jr.
22b. ADDRESS
22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, County) (State)
24. FUNERAL DIRECTOR EMBALMER'S LIC. NO. ADDRESS
25. DATE RECD. BY LOCAL REG. 6/19/63
26. REGISTRAR'S SIGNATURE

193 NEVADA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS BIRTH NO.

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.

Date Issued:
July 10, 1963

CHIEF, SECTION OF VITAL STATISTICS

FILE NO. 40436

Filed for record at the request of Jack L. Bay on the 2nd day of November, 1964 at 30 minutes past 1 P. M. Recorded in Book 6 of Official Records, page 182-184, Records of EUREKA COUNTY, NEVADA.

Fee: $2.75 Phillip E. DeBaril, Recorder.