

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA,)
) ss.
 COUNTY OF EUREKA.)

GRACIEUSE SALLABERRY, being first duly sworn, deposes and says:

That Affiant was the wife of JEAN SALLABERRY, one of the Grantees in that certain Deed dated November 28, 1952, wherein JEAN SALLABERRY of the Town of Eureka, County of Eureka, State of Nevada, was the Grantor, and JEAN SALLABERRY and GRACIEUSE SALLABERRY, his wife, as joint tenants with right of survivorship and not as tenants in common, were Grantees, conveying those certain lots, pieces or parcels of land situate in the County of Eureka, State of Nevada, more particularly described as follows:

All of Lots 1, 2, 3, 4 and 5 in Block 41, together with the Brick Hotel, known as the Colonnade Hotel, with furnishings and equipment.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

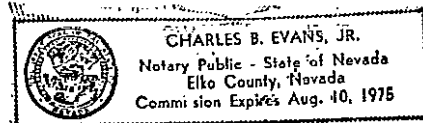
That said Deed was recorded on November 28, 1952, in Book 24 of Deeds, at page 246, File No. 29640, Eureka County Recorder's Office.

That the said JEAN SALLABERRY, one of the Grantees named in the aforesaid Deed died in Reno, County of Washoe, State of Nevada, on March 14, 1974, and is the identical person named as JEAN SALLABERRY in that Certificate of Death, duly certified, marked Exhibit A and attached hereto; that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

Gracieuse Sallaberry
 GRACIEUSE SALLABERRY

Subscribed and sworn to before me,
 this 5th day of August, 1974.

Charles B. Evans, Jr.



STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
SECTION OF VITAL STATISTICS
CARSON CITY, NEVADA 89701

STATE OF NEVADA—DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

74- 1047

OR PRINT IN
PERMANENT INK
HANDBOOK FOR
INSTRUCTIONS

RESIDENCE
DECEASED
FIELD IN
SECTION, GIVE
INCE BEFORE
SECTION

INFORMANT

AUG 74

PHYSICIAN

NOTARY

DECEASED—NAME JEAN SALLABERRY		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) March 15, 1974
RACE (SPECIFY) White	AGE—LAST BIRTHDAY (YEARS) 73	DATE OF BIRTH (MONTH, DAY, YEAR) April 19, 1900	COUNTY OF DEATH Washoe
CITY, TOWN, OR LOCATION OF DEATH Reno	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Mary's Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) France	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) Grace Etchegaray Sallaberry
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Rancher & Hotel Proprietor	KIND OF BUSINESS OR INDUSTRY Ranching and Hotel	
RESIDENCE—STATE Nevada	COUNTY Eureka	CITY, TOWN, OR LOCATION Eureka	STREET AND NUMBER P. O. Box 228
FATHER—NAME Gracian Sallaberry	MOTHER—MAIDEN NAME Mary		
INFORMANT—NAME Grace Sallaberry	MAILING ADDRESS P. O. Box 228, Eureka, Nevada		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE Carcinomatosis			
(b) DUE TO, OR AS A CONSEQUENCE OF: Hepatoma			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO) No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM Sept 2 73 TO Mar 15 74	AND LAST SAW HIM/HER ALIVE ON Mar 15 74	DID YOU VIEW THE BODY AFTER DEATH? No	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 3:10 P.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	HOUR OF DEATH 3:10 P.M.	THE DECEASED WAS PRONOUNCED DEAD MAR 15 1974	DATE SIGNED (MONTH, DAY, YEAR) MAR 10 1974
CERTIFIER—NAME (TYPE OR PRINT) EDWIN ANTHONY M.D.	SIGNATURE Edwin Anthony	CITY OR TOWN Reno	STATE NEVADA
MAILING ADDRESS—CERTIFIER 129 76th St			
BURIAL, CREMATION, REMOVAL (SPECIFY) Removal & Burial	CEMETERY OR CREMATORY—NAME Eureka Cemetery	LOCATION Eureka, Nevada	
DATE (MONTH, DAY, YEAR) March 18, 1974	FUNERAL HOME—NAME AND ADDRESS Walton Funeral Home, 875 W. Second St., Reno, Nevada		
FUNERAL DIRECTOR—SIGNATURE Charles B. McCallen	REGISTRAR—SIGNATURE Doris Carlson	DATE RECEIVED BY LOCAL REGISTRAR MARCH 18, 1974	

I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE WITH THE SECTION OF VITAL STATISTICS, NEVADA DIVISION OF HEALTH.



Date Issued **AUG 22 1974**

NOT VALID WITHOUT THE RAISED SEAL OF THE NEVADA DIVISION OF HEALTH.

Jack Homeyer
JACK HOMEYER
Biostatistician
Chief, Section of Vital Statistics

By: *Zelda Reiners*

FILE NO. 59472
RECORDED AT THE REQUEST OF Charles B. Evans, Jr.
Nov. 11 1974 at 01 min. past 8 A. M.
Book 50 of OFFICIAL RECORDS, page 255-256 RECORDS OF
EUREKA COUNTY, NEVADA. *Zelda Reiners* Recorder.
No. 59472 Fee 4.00

BOOK 50 PAGE 256