

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA,)
) SS.
COUNTY OF ELKO.)

CEDRIC MOORE, being first duly sworn, deposes and says:

That Affiant was the husband of JANIE MOORE, one of the Grantees in that certain Deed of Correction dated July 14, 1967, wherein the STATE OF NEVADA, on relation of its DEPARTMENT OF HIGHWAYS, was Grantor, and CEDRIC MOORE and JANIE MOORE, his wife, as joint tenants with right of survivorship, were Grantees, conveying those certain lots, pieces or parcels of land situate in the County of Eureka, State of Nevada, that are described as follows:

Portions of the SE $\frac{1}{4}$ of the SW $\frac{1}{4}$, the SW $\frac{1}{4}$ of the SE $\frac{1}{4}$, and Lot 4 of Section 12, T. 32 N., R. 50 E., MDB&M, lying and being right and southerly of the right or southern 200 foot highway right of way line of Interstate Route 80, State Route 1 (IR-80, SR-1) and more fully described by metes and bounds as follows, to wit:

Beginning at the intersection of the right or southern 200 foot highway right of way line for Interstate Route 80, State Route 1 (IR-80, SR-1) and the south boundary of Section 12, T. 32 N., R. 50 E., MDB&M, at a point 278 feet right of and at right angles to Highway Engineer's Station "AW" 922+65.83 P.O.T., thence N. 71°33'55" E., along said highway right of way line a distance of 3977.75 feet to an intersection with the east boundary of said Section 12; thence S. 0°55'25" W., along said east boundary a distance of 1281.12 feet to the southeast corner of said Section 12; thence N. 89°37'37" W., along the south boundary of said Section 12, a distance of 2698.44 feet to the south quarter corner of said Section 12; thence N. 89°41'59" W., along the south boundary of said Section 12, a distance of 1054.62 feet to the point of beginning; said parcel contains an area of 55.15 acres, more or less.

That said Deed was recorded on July 18, 1967, in Book 19, Official Records, page 491, Eureka County Recorder's Office.

That the said JANIE MOORE, one of the Grantees named in the aforesaid Deed, died in the City of Elko, County of Elko,

State of Nevada, on February 18, 1974, and is the identical person named as JANIE FELLON MOORE 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.

Cedric Moore
CEDRIC MOORE

Subscribed and sworn to before me
this 26th day of November, 1974.

Corinne M. Wiley
NOTARY PUBLIC.



CORINNE M. WILEY
Notary Public, State of Nevada
Elko County, Nevada
Commission Expires May 29, 1975

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WILSON AND WILSON, LTD.
Attorneys at Law
P. O. Box 389
Elko, Nevada 89601

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

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TYPE OF PRINT IN PERMANENT SHEET 523 BARRINGTON PLACE INSTRUCTIONS

4,158 LOCAL FILE NUMBER

DECEASED—NAME: **Janie Fellon MOORE** SEX: **Female** DATE OF DEATH (MONTH, DAY, YEAR): **February 18, 1974**

RACE: **Caucasian** AGE (YEARS): **49** MONTHS: **1** DAYS: **1** DATE OF BIRTH (MONTH, DAY, YEAR): **July 12, 1924** COUNTY OF DEATH: **Elko**

CITY, TOWN OR LOCATION OF DEATH: **Elko** HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN FIELD, GIVE STREET AND NUMBER):

RESIDENCE (MONTH, DAY, YEAR): **Residence 810 Commercial**

STATE OF BIRTH: **Nebraska** CITIZEN OF WHAT COUNTRY: **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, OR SINGLE: **Married** SURVIVING SPOUSE (GIVE NAME, GIVE MARRIAGE NAME): **Cedric Moore**

SOCIAL SECURITY NUMBER: **USA** USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF YEAR): **House wife** KIND OF BUSINESS OR INDUSTRY:

RESIDENCE—STATE: **Nevada** COUNTY: **Elko** CITY, TOWN, OR LOCATION: **Elko** TYPE OF HOME: **Own home** STREET AND NUMBER: **810 Commercial St.**

FATHER—NAME (FIRST, MIDDLE, LAST): **Daniel Walter Fellon** MOTHER—MARRIAGE NAME (FIRST, MIDDLE, LAST): **Elizabeth Laura Glore**

INFORMANT—NAME: **Cedric Moore** ADDRESS: **810 Commercial St., Elko, Nevada**

PART I DEATH WAS CAUSED BY (GIVE CAUSE PER LINE FOR (a), (b), AND (c))

(a) **113. carcinoma ovaries metastatic** (b) **14**

CONDITIONS OF BODY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH (GIVE DATE OF STRAIGHT LINE UNDER CAUSE 1974)

PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO CAUSE BUT NOT RELATED TO CAUSE GIVEN IN PART I)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): **None** DATE OF INJURY (MONTH, DAY, YEAR): **None** HOUR: **None** HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OF PAGE II, ITEM 18)

INJURY AT WORK (SPECIFY TITLE OF JOB): **None** PLACE OF INJURY (IF HOME, GIVE STREET, FACTORY, OFFICE, ETC. (SPECIFY)): **None** LOCATION: **None** STREET OF 175 NO., CITY OR TOWN, STATE:

CERTIFICATION—PHYSICIAN (MONTH, DAY, YEAR): **10-9-73** TO **2-18-74** WHO DIED LAST (SPECIFY ALSO ON MONTH, DAY, YEAR): **2-16-74** I DID NOT SEE THE DECEASED (MONTH, DAY, YEAR): **2-18-74** DEATH OCCURRED AT THE PLACE, ON THE PLACE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

CERTIFICATION—MEDICAL EXAMINER OR CORONER (ON THE BASIS OF THE EXAMINATION OF THE BODY AND OF THE INVESTIGATION IN HIS OFFICE, OF THE DEATH OCCURRED ON THE DATE AND IN THE CAUSE(S) STATED.)

CERTIFIER—NAME (PRINT OR PRINT): **L.A. McARD** SIGNATURE: *[Signature]* DATE SIGNED (MONTH, DAY, YEAR): **2-11-74**

MARRIAGE ADDRESS—CERTIFIER (MONTH, DAY, YEAR): **Elko, Nevada** CITY, TOWN, STATE: **Elko, Nevada**

BURIAL, CREMATION, REMOVAL (SPECIFY): **Entombment** CEMETERY OR CREMATORY—NAME: **BURNS MEMORIAL GARDEN** LOCATION: **Elko, Nevada**

DATE (MONTH, DAY, YEAR): **Feb. 21, 1974** FUNERAL HOME—NAME AND ADDRESS: **Burns Funeral Home Inc., P. O. Box 689, Elko, Nevada**

REGISTRY—OFFICER (MONTH, DAY, YEAR): **3-11-74** DATE RECEIVED BY LOCAL REGISTRAR: **3-11-74**

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: **March 26, 1974**

Jack Homeyer
 JACK HOMEYER, BIOSTATISTICIAN
 CHIEF SECTION OF VITAL STATISTICS
 By: *Cynthia O. Seaman*

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

EXHIBIT A

RECORDED AT THE REQUEST OF Stewart R. Wilson
 ON Nov 27, 1974, AT 05 HOURS, FOR 11 A. M.
 BOOK 50 OF OFFICIAL RECORDS, PAGE 324-326 RECORDS OF
 WUREKA COUNTY, NEVADA. *[Signature]* Recorder:
 No. 59511 Fee \$ 5.00
 FILE NO. 59511