

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF CALIFORNIA)
) SS
COUNTY OF SAN BERNARDINO)

MYRLE KELLEY, being first duly sworn, deposes and says:

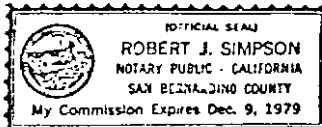
That affiant was the daughter of EVELYN RATTAZZI, one of the Grantees in that certain Deed dated March 16, 1971 wherein EVELYN RATTAZZI was the Grantor and EVELYN RATTAZZI and MYRLE KELLEY were the Grantees as joint tenants with right of survivorship and not as tenants in common, conveying those certain lots, pieces or parcels of land situate in the Town of Eureka, County of Eureka, State of Nevada, that are described in said Deed, recorded March 16, 1971 in Book 39/of official records of Eureka County, Nevada under file number 54369 in Eureka County Recorder's Office.

That said EVELYN RATTAZZI, also known as EVELYN BILLINGS RATTAZZI, one of the Grantees in said Deed, died in San Bernardino, California on September 5, 1977, and is the identical person named as EVELYN BILLINGS RATTAZZI in that certified copy of Certificate of Death marked Exhibit "A" and attached hereto; that said Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

Myrle Kelley
MYRLE KELLEY

Subscribed and sworn to before me
this 23 day of September, 1977.

Robert J. Simpson
NOTARY PUBLIC.



BOOK 61 PAGE 65

STATE OF CALIFORNIA - DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

300

DECEDENT PERSONAL DATA	1. NAME OF DECEASED - FIRST NAME	2. MIDDLE NAME	3. LAST NAME	4. DATE OF DEATH - MONTH DAY YEAR	5. HOUR
	6. SEX	7. COLOR OR RACE	8. BIRTHPLACE	9. DATE OF BIRTH	10. AGE
	11. NAME AND BIRTHPLACE OF FATHER	12. NAME AND BIRTHPLACE OF MOTHER	13. NAME OF SURVIVING SPOUSE (IF WIFE LISTED GAVE NAME)	14. LAST OCCUPATION	15. KIND OF INDUSTRY OR BUSINESS
	16. CITIZEN OF WHAT COUNTRY	17. SOCIAL SECURITY NUMBER	18. NAME OF EMPLOYING COMPANY OR FIRM	19. PLACE OF DEATH - NAME OF HOSPITAL OR OTHER INSTITUTION	20. STREET ADDRESS - STREET AND NUMBER OR LOCATION
PLACE OF DEATH	21. CITY OR TOWN	22. COUNTY	23. STATE	24. INSIDE CITY CORPORATE LIMITS	25. NAME AND MAKING ADDRESS OF INFORMANT
	26. USUAL RESIDENCE - STREET ADDRESS	27. CITY OR TOWN	28. COUNTY	29. STATE	30. NAME AND MAKING ADDRESS OF INFORMANT
PHYSICIAN'S OR CORONER'S CERTIFICATION	31. PHYSICIAN	32. DATE SIGNED	33. ADDRESS	34. SIGNATURE	35. LICENSE NUMBER
	36. CORONER	37. DATE SIGNED	38. ADDRESS	39. SIGNATURE	40. LICENSE NUMBER
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	42. ADDRESS	43. SIGNATURE	44. LICENSE NUMBER	45. DATE SIGNED
	46. NAME OF CEMETERY OR CREMATORY	47. ADDRESS	48. SIGNATURE	49. LICENSE NUMBER	50. DATE SIGNED
CAUSE OF DEATH	51. PART I - DEATH WAS CAUSED BY	52. IMMEDIATE CAUSE	53. INTERMEDIATE CAUSE	54. UNDERLYING CAUSE	55. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	56. PART II - OTHER SIGNIFICANT CONDITIONS	57. OTHER SIGNIFICANT CONDITIONS	58. OTHER SIGNIFICANT CONDITIONS	59. OTHER SIGNIFICANT CONDITIONS	60. OTHER SIGNIFICANT CONDITIONS
INJURY INFORMATION	61. SPECIFY ACCIDENT SOURCE OR SOURCE	62. PLACE OF INJURY	63. DATE OF INJURY	64. HOUR	65. TIME
	66. PLACE OF INJURY - STREET AND NUMBER OR LOCATION AND CITY OR TOWN	67. STREET ADDRESS	68. CITY OR TOWN	69. COUNTY	70. STATE
STATE REGISTRAR	71. DESCRIBE HOW INJURY OCCURRED - IN YOUR OWNERSHIP OF VEHICLE WHICH RESULTED IN INJURY? NATURE OF INJURY SHOULD BE STATED IN THIS BOX				

This must be in red to be a
"CERTIFIED COPY"

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY
OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY
HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN

RED,
Louis E. McHoney
LOUIS E. MCHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH



RECORDED AT THE REQUEST OF
Myrle Kelley
on September 27, 1977
at 46 mins. past 10 A. M.
in Book 61 of OFFICIAL
RECORDS, page 65-66, RECORD
OF EUREKA COUNTY, NEVADA
WILL A. DAPAOLI
Recorder
File No. 63675 Fee \$ 4.00

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