

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
COUNTY OF WHITE PINE) SS.

HARVEY J. COLBURN, being first duly sworn, deposes and says:

That Affiant was the son of FRANCES OLIVE ROSE, one of the Grantees in that certain Deed dated April 25, 1949, wherein C. E. GANN and ELLA M. GANN, his wife, and F. M. HART and PAULINE M. HART, his wife, were Grantors, and WILLIAM B. ROSE and FRANCES OLIVE ROSE, his wife, as joint tenants with the right of survivorship and not as tenants in common, as to an undivided one-half interest, and HARVEY J. COLBURN as to an undivided one-half interest, 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:

TOWNSHIP 30 NORTH, RANGE 51 EAST, N.D.B.&M.

Section 4: S1/2NE1/4

TOGETHER WITH any and all improvements situate thereon.

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

That said Deed was recorded on March 6, 1961, in Book 26, Page 18, Deed Records, Eureka County, Nevada.

That the said FRANCES OLIVE ROSE, one of the Grantees named in the aforesaid Deed, died in the on way To The
ELKO General Hosp., on 1st SUMMER OF 1966,
From Reno, Nev.
and is the identical person named as FRANCES OLIVE ROSE 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.

Harvey J. Colburn
HARVEY J. COLBURN

Subscribed and sworn to before me
this 17th day of February, 1979.

Betty Baker
~~NOTARY PUBLIC~~
Justice of the Peace
JUSTICE OF PEACE
Baker Township No. 3
Baker, Nevada

I do not have a copy of the death Certificate
I sent a copy to Tom Pastorino Eureka, Co. Assessor and Recorder
Harvey J. Colburn

BOOK 69 PAGE 257

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
CAPITOL COMPLEX
SECTION OF VITAL STATISTICS
CARSON, CITY, NEVADA 89710

STATE OF NEVADA DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF HEALTH SECTION OF VITAL STATISTICS

REGISTRAR'S NO. CERTIFICATE OF DEATH STATE FILE NO. 66-1920

1. PLACE OF DEATH: STATE OF NEVADA A. COUNTY: Eureka		2. USUAL RESIDENCE: (If deceased lived in institution: Residence before admission) A. STATE: Nevada B. COUNTY: Eureka	
B. CITY, TOWN, OR LOCATION: Rose Ranch C. Length of stay: 17 yrs		C. CITY, TOWN, OR LOCATION: Rose Ranch	
D. NAME OF HOSPITAL OR INSTITUTION: Rural of Beowawe		D. STREET ADDRESS: Rural of Beowawe	
E. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED: (First) FRANCES (Middle) OLIVE (Last) ROSE		4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1966	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	8. DATE OF BIRTH: Apr. 4, 1885
9. AGE (In years last birthday): 81		10. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired) House wife	
10A. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY: Own home	
11. BIRTHPLACE: (State or foreign country) Porterville, California		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: John G. Hitchcock		14. MOTHER'S MAIDEN NAME: Susanna Pepper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates) NO		16. SOCIAL SEC. NO. [REDACTED]	
17. INFORMANT: Mr. Harvey Colburn, Beowawe, Nev.		ADDRESS: [REDACTED]	
18. CAUSE OF DEATH: (Enter only one cause per line for (a), (b), (c).) PART I - DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure DUE TO (b) Atherosclerotic heart disease DUE TO (c) Essential hypertension Interval between onset and death: 1 year 10 yrs			
PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE: Essential hypertension			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20A. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20E. PLACE OF INJURY: (e.g., in or about home; farm; factory; street; office; shop, etc.)			
20F. CITY, TOWN, OR LOCATION: COUNTY: STATE:			
21. I attended the deceased from 7/31/50 to 7/27/66 and last saw (her) alive on 7/27/66. Death occurred at 11:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22A. SIGNATURE: John M. Read, M.D.		22B. ADDRESS: Elko, Nevada	
22C. DATE SIGNED: 8/8/66		22D. SIGNATURE: [REDACTED]	
23A. BURIAL, CREMATION, REMOVAL (Specify): Removal-burial		23B. DATE: 7/30/66	
23C. NAME OF CEMETERY OR CRYPTORY: Blue Mountain Cemetery		23D. LOCATION (City, town, or county): Kern County, California	
24. FUNERAL DIRECTOR: Burns Funeral Home Inc. 105, Elko, Nev.		25. DATE RECORDED BY LOCAL REG.:	
26. REGISTRAR'S SIGNATURE: [REDACTED]		27. DATE RECORDED BY LOCAL REG.:	

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.



FEB 14 1979

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

67923

Jack Homeyer
BIOSTATISTICIAN
Chief, Section of Vital Statistics

SEAL
Affixed

RECORDED AT THE REQUEST OF Frontier Title Company
on March 14 1979 at 32 mins past 9 A.M. in
book 69 of OFFICIAL RECORDS, page 256-258 RECORDS OF
EUREKA COUNTY, NEVADA WILLIS A. DePAOLI Recorder
File No. 67923 Fee \$ 5.00

BOOK 69 PAGE 258