

1 STATE OF NEVADA)
 2 County of Eureka) ss.

AFFIDAVIT
 TERMINATING JOINT TENANCY

3
 4 FRANCES M HENNEMAN, being first duly sworn, deposes
 5 and says that she is over the age of 21 years and competent to
 6 be a witness as to the matters hereinafter stated.

7 That affiant, FRANCES M HENNEMAN, is the person named
 8 as a joint tenant with R P CAMPBELL, deceased, one of the Grantees
 9 in that certain Deed recorded in the office of the County Recorder
 10 of the County of Eureka, State of Nevada, under date of the 12th
 11 day of November 1973 on Page 396 and 397 in Book 46, and Joint
 12 Tenancy Deed under date of the 10th day of January 1975, and
 13 recorded on Page 428 and 429 in Book 50 of the official records
 14 of Eureka County.

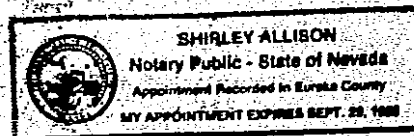
15 That R P CAMPBELL, deceased, was one of the Grantees
 16 named in said Deeds and is the identical person named as decedent
 17 in that certain Death Certificate, certified copy of which is
 18 annexed hereto and made a part hereof.

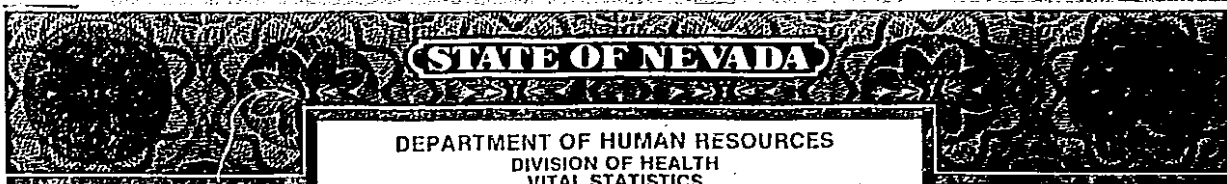
19
 20 *Frances M Henneman*
 21 FRANCES M HENNEMAN

22
 23 STATE OF NEVADA)
 24 County of Eureka)

25 On this 16th day of SEPTEMBER, 1982, personally
 26 appeared before me, a Notary Public, FRANCES M HENNEMAN, known
 27 to me to be the person described herein and who acknowledged
 28 that she executed the foregoing instrument.

29
 30 *Shirley Allison*
 31 NOTARY PUBLIC in and for said
 32 County and State





STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

821003618

LOCAL FILE NUMBER #39-82		STATE FILE NUMBER 821003618	
DECEASED—NAME First Middle Last 1. Roderick P. CAMPBELL		DATE OF DEATH (Month, Day, Year) 2. June 6, 1982	
CITY, TOWN, OR LOCATION OF DEATH 3. Ely		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 4. White Pine Care Center	
INSIDE CITY LIMITS (Specify Yes or No) 5. Yes		IF Hosp. or Inst. indicate DOA, OP/Emar. (Specify) 6. Inpatient	
RACE—In g., White, Black, American Indian, etc. (Specify) 7. White		AGE—Last Birthday (Years) MOS DAYS 8. 91	
DATE OF BIRTH (Mo., Day, Yr.) 9. March 17, 1891		SEX 10. Male	
STATE OF BIRTH (If not U.S.A., name country) 11. Canada		CITIZEN OF WHAT COUNTRY 12. Never Married	
SOCIAL SECURITY NUMBER 13. [REDACTED]		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 14. Never Married	
USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) 15. Rancher		SURVIVING SPOUSE (If wife, give maiden name) 16. Hay	
RESIDENCE—STATE 17. Nevada		COUNTY 18. Eureka	
CITY, TOWN, OR LOCATION 19. Eureka		STREET AND NUMBER 20. [REDACTED]	
INSIDE CITY LIMITS (Specify Yes or No) 21. Yes		FATHER—NAME First Middle Last 22. John Campbell	
MOTHER—MAIDEN NAME First Middle Last 23. Cecilia		INFORMANT—NAME (Type or Print) 24. Mr. Francis Escobar	
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 25. PO Box 69 Eureka, Nevada 89316		BURIAL, CREMATION, REMOVAL, OTHER (Specify) 26. Cremation	
CEMETERY OR CREMATORY—NAME 27. Mt. View Crematory		LOCATION City or Town State 28. Reno, Nevada	
FURNERAL DIRECTOR—SIGNATURE (If Person Acting as Such) 29. [Signature]		NAME AND ADDRESS OF FACILITY 30. Wilson-Bates Mortuary 450 Mill Street Ely, Nevada	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 21b. June 10, 1982		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 22b. [Signature]	
21c. HOUR OF DEATH 21d. 12:30 P.M.		22c. DATE SIGNED (Mo., Day, Yr.) 22d. [Signature]	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21f. Ronald H. Crouch, M.D. 1500 Avenue F East Ely, Nevada 89315		22e. PRONOUNCED DEAD (Mo., Day, Yr.) 22f. AT	
21g. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 21h. Ronald H. Crouch, M.D. 1500 Avenue F East Ely, Nevada 89315		22g. ON 22h. AT	
REGISTRAR 23a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 23b. June 10, 1982	
23c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cardio Pulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Arteriosclerotic Vascular Disease OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II 23d. [Signature]		23e. DEATH DUE TO COMMUNICABLE DISEASE 23f. YES ☐ NO ☒	
23g. DATE OF INJURY (Mo., Day, Yr.) 23h. [REDACTED]		23i. HOUR OF INJURY 23j. [REDACTED]	
23k. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 23l. [REDACTED]		23m. LOCATION 23n. [REDACTED]	
23o. STREET OR R.F.D. NO. 23p. [REDACTED]		23q. CITY OR TOWN 23r. STATE	



This is to certify that the above is a true and correct copy of the certificate on file in this office. VITAL RECORDS

Date Issued: AUG 26 1982



No 38767

John H. Carr, M.D.
STATE REGISTRAR



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

061013

RECORDED AT REQUEST OF
Francis M. Henneman
BOOK 105 PAGE 293

82 SEP 16 2:53

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
WILLIS A. DEPAULI-RECORDER
FILED 85350
FE. 5.00

BOOK 105 PAGE 293