

98432

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
SS.
COUNTY OF EUREKA)

FRANCES DAVIS, being first duly sworn, deposes and says:

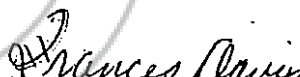
That Affiant was the daughter of ELVA RECEND, one of the Grantees in the certain deed dated July 1, 1982, wherein Elva Recend, were the Grantor, and Elva Recend and Frances Davis, her daughter, as joint tenants with right of survivorship and not as tenants in common, were Grantees, conveying those certain lots, piece or parcel of land situate in the Town of Eureka, County of Eureka, more particularly described as follows:

Lots One (1) and Two (2) in Block Forty-six (46), Townsite of Eureka, County of Eureka, State of Nevada.

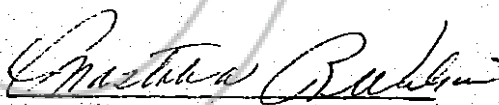
Together with any and all improvements situate thereon.

That said Deed was recorded on July 7, 1982, in Book 103, Page 102 and 103, File No. 84487, Eureka County Recorder's Office.

That the said ELVA RECEND, one of the Grantees named in the aforesaid Deed, died in the City of Reno, County of Washoe, State of Nevada, on May 31, 1984, and is the identical person named as ELVA AILEEN RECEND 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.


FRANCES DAVIS

Subscribed and Sworn to before me
this 31 day of January 1985.





BOOK 134 PAGE 172

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

ROLL 56 IMAGE 470

LOCAL FILE NUMBER

817

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME First Middle Last 1 Elva Aileen RECEND		DATE OF DEATH (Month, Day, Year) 2 May 31, 1984		COUNTY OF DEATH 3a Washoe
CITY, TOWN, OR LOCATION OF DEATH 3b Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not author, give street and number) 3c St. Mary's Hospital		INSIDE CITY LIMITS (Specify Yes or No) 3d Yes
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 4a White		ETHNIC 4b Italian	AGE—Last Birthday (Years) 5a 74	UNDER 1 YEAR 5b : DAYS
STATE OF BIRTH (If not U.S.A., name country) 6 Nevada		CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Widowed	DATE OF BIRTH (Mo., Day, Yr.) 7 December 5, 1909
SOCIAL SECURITY NUMBER 13		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 13a Homemaker	KIND OF BUSINESS OR INDUSTRY 14b Own Home	SEX 8 Female
RESIDENCE—STATE 15a Nevada		COUNTY 15b Washoe	CITY, TOWN, OR LOCATION 15c Sparks	STREET AND NUMBER 15d 1940 4th St. #4
FATHER—NAME 16 Antonio		MOTHER—MAIDEN NAME 17 Lena	CITY, TOWN, OR LOCATION 18a Caviglia	
INFORMANT—NAME (Type or Print) 18a Frances Davis		MARKING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 9960 Terhune Ave., Sunland, California 91040		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Removal/Burial		CEMETERY OR CREMATORY—NAME 19b San Fernando Mission Cemetery	LOCATION—City or Town State 19c San Fernando, California	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a <i>David R. Robinson</i>		NAME AND ADDRESS OF FACILITY 20b 1745 Sullivan Lane, Sparks, Nevada 89431		
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) DATE SIGNED (Mo., Day, Yr.) 21b		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) DATE SIGNED (Mo., Day, Yr.) 22b		
21c HOUR OF DEATH		22c HOUR OF DEATH		
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d PRONOUNCED DEAD (Mo., Day, Yr.) 22a AT 22b ON 22c AT 22d ON		
23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520				
REGISTRAR 24a (Signature) <i>Daniel Sherman Dep.</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b June 4, 1984		DEATH DUE TO COMMUNICABLE DISEASE 24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cerebrovascular episode (stroke) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 26. NO				
ACC. SUICIDE, HGM. UNDET. OR PENDING INQUIRY (Specify) 28a		DATE OF INJURY (Mo., Day, Yr.) 28b	HOUR OF INJURY 28c	DESCRIBE HOW INJURY OCCURRED 28d
INJURY AT WORK (Specify Yes or No) 28e		PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 28f	LOCATION 28g	STREET OR R.F.D. No. CITY OR TOWN STATE

VITAL RECORDS

No 42677

BOOK 134 PAGE 173

FD-302 (REV. 5-22-64)

RECORDED AT REQUEST OF
Gladys Corcoran
BOOK 134 PAGE 172

85FE8 4 A10:18

OFFICIAL RECORDS
FEDERAL BUREAU OF INVESTIGATION
F. B. I. NATIONAL ARCHIVE
FILE NO. 98432
115 \$ 7.00

JUN 5 1984

Quintin Sherr

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