

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA     )  
                              : ss.  
County of Churchill)

MURIEL E. EYE, being first duly sworn, according to law, deposes and says:

That during her lifetime she knew and she was, at the time of his death, and for many years prior thereto, married to DONALD CHESTER EYE; that a certified copy of the death certificate of the said DONALD CHESTER EYE is hereto attached and made a part hereof, as if embodied herein.

That the party whose death certificate is attached hereto, as hereinabove set forth, is the same DONALD CHESTER EYE who appears as one of the joint tenants with right of survivorship with MURIEL E. EYE in that certain Deed dated December 30, 1982 as appears of record in Book 112, at page 297, under File No. 88306, Official Records of Eureka County, State of Nevada. That the real property, the subject of said deed, is situate in the County of Eureka, State of Nevada, and is more particularly described as follows, to wit:

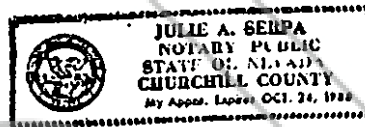
All of lots 5, 6, 7, 8, and 9, in Block 120, situate in Goodwin Canyon, Town of Eureka, County of Eureka, State of Nevada, as the same are delineated and described on the official plat of Eureka County, Nevada.

1 That to the knowledge of affiant, the said DONALD  
2 CHESTER EYE so named in said death certificate is the same and  
3 identical person who is named as joint tenant with right of  
4 survivorship with the said MURIEL E. EYE in the aforementioned  
5 Deed.

6 Muriel E. Eye  
7 MURIEL E. EYE

8 Subscribed and sworn to before me  
9 this 21st day of February, 1986.

10 Julie A. Serpa  
11 Notary Public



# STATE OF NEVADA

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

LOCAL FILE NUMBER		DECEASED—NAME (First Middle Last)		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
		Donald Chester EYE		November 11, 1985		Churchill	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (Do not enter, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)		IF HOSP. OR HOS. W/OUT DOA, OP/ Emer. Rm. Inspected (Specify)	
Fallon		Churchill Regional Medical Center		Yes		OP/ Emer. Rm.	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		ETHNIC		AGE—LAST BIRTHDAY (Year)		UNDER 1 YEAR	
White		Irish/Canadian		55		HOURS - DAYS	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
Maine		U.S.A.		Married		November 7, 1930	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
		Fleet Liaison Inspector		Muriel E. Feary		Yes	
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER	
Nevada		Churchill		Fallon		2156 Soda Lake Rd.	
FATHER—NAME (Type of Print)		MOTHER—NAME (Type of Print)		FATHER—NAME (Type of Print)		MOTHER—NAME (Type of Print)	
Chester W. Eye		Mary E. Edmunds		Chester W. Eye		Mary E. Edmunds	
MARRIAGE—NAME (Type of Print)		MARRIAGE ADDRESS		MARRIAGE ADDRESS		MARRIAGE ADDRESS	
Wife, Muriel E. Eye		2156 Soda Lake Rd., Fallon, Nevada 89406		2156 Soda Lake Rd., Fallon, Nevada 89406		2156 Soda Lake Rd., Fallon, Nevada 89406	
MORAL, CREMATION, REMOVAL (Other)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
Burial		Churchill Public Cemetery		Fallon		Nevada	
NAME AND ADDRESS OF FACILITY		NAME AND ADDRESS OF FACILITY		NAME AND ADDRESS OF FACILITY		NAME AND ADDRESS OF FACILITY	
Austin-Matson-Smith F.H., Box 145, Fallon, Nevada 89406		Austin-Matson-Smith F.H., Box 145, Fallon, Nevada 89406		Austin-Matson-Smith F.H., Box 145, Fallon, Nevada 89406		Austin-Matson-Smith F.H., Box 145, Fallon, Nevada 89406	
DATE OF DEATH		HOUR OF DEATH		DATE OF DEATH		HOUR OF DEATH	
Nov 12, 1985		11:49 A.M.		Nov 12, 1985		11:49 A.M.	
NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type or Print)		NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type or Print)		NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type or Print)		NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type or Print)	
Dr. Gary Hidenour, M.D., 625 W. Williams Ave., Fallon, Nevada 89406		Dr. Gary Hidenour, M.D., 625 W. Williams Ave., Fallon, Nevada 89406		Dr. Gary Hidenour, M.D., 625 W. Williams Ave., Fallon, Nevada 89406		Dr. Gary Hidenour, M.D., 625 W. Williams Ave., Fallon, Nevada 89406	
RECEIVED BY REGISTRAR		DATE RECEIVED BY REGISTRAR		RECEIVED BY REGISTRAR		DATE RECEIVED BY REGISTRAR	
Catherine S. 40		Nov 25 1985		Catherine S. 40		Nov 25 1985	
AS IMMEDIATE CAUSE—(Indicate only one cause unless otherwise indicated)		AS IMMEDIATE CAUSE—(Indicate only one cause unless otherwise indicated)		AS IMMEDIATE CAUSE—(Indicate only one cause unless otherwise indicated)		AS IMMEDIATE CAUSE—(Indicate only one cause unless otherwise indicated)	
MALIGNANT VENTRICULAR FIBRILLATION		MALIGNANT VENTRICULAR FIBRILLATION		MALIGNANT VENTRICULAR FIBRILLATION		MALIGNANT VENTRICULAR FIBRILLATION	
DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF	
CORONARY ARTERY DISEASE		CORONARY ARTERY DISEASE		CORONARY ARTERY DISEASE		CORONARY ARTERY DISEASE	
DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF	
OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a))		OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a))		OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a))		OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a))	
ACC. SOURCE FROM LACER. OR PUNCTURE WOUND		DATE OF INJURY AND, If, Yr.		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—(At home, farm, store, factory, office, building, etc.) (Specify)		LOCATION		STREET OR R.F.D. No.	

Nº 53792

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: NOV 25 1985

By: Catherine S. 40 Deputy Registrar

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Dietl, Evans & Associates  
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86 FEB 24 210: 53

OFFICIAL RECORDS  
EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE No. 102043  
FEE \$7.00

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