

AFFIDAVIT TERMINATING JOINT TENANCY

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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.

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Law Offices
**DIEHL EVANS
& ASSOCIATES**
*A Professional
Corporation*
65 S. MAINE
FALLON, NEVADA

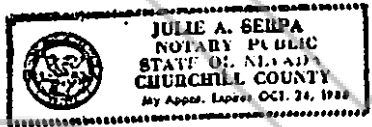
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That to the knowledge of affiant, the said DONALD CHESTER EYE so named in said death certificate is the same and identical person who is named as joint tenant with right of survivorship with the said MURIEL E. EYE in the aforementioned Deed.

Muriel E. Eye
MURIEL E. EYE

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

Julie A. Serpa
Notary Public



STATE OF NEVADA



STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
 DEPARTMENT OF HEALTH AND STATISTICS
 DIVISION OF HEALTH DEATH
 VITAL STATISTICS

	LOCAL FILE NUMBER	STATE FILE NUMBER		
TYPE OR PRINT IN PERMANENT BLACK INK. DECEDENT I SHALL BE HELD RESPONSIBLE IN WRITING FOR ANY ERRORS OR OMISSIONS. (Signature of Certifier)	1 DECEASED - NAME (First, Middle, Last) Donald Chester EYE	2 DATE OF DEATH (Month, Day, Year) 2 November 11, 1985	3 COUNTY OF DEATH Churchill	
	4 CITY, TOWN OR LOCATION OF DEATH Fallon	5 HOSPITAL OR OTHER INSTITUTION - Name (If not other, give street and number) Churchill Regional Medical Center	6 INSIDE CITY LIMITS (Specify Yes or No) Yes	
	7 RACE - (e.g., White, Black, American Indian, etc.) (Specify) White	8 ETHNIC Irish/Canadian	9 AGE - LAST BIRTHDAY (Years, Months, Days) 55	10 UNDER 1 YEAR - HOURS - DAYS 5
	11 STATE OF BIRTH (If not U.S.A., name country) Maine	12 CITIZEN OF WHAT COUNTRY U.S.A.	13 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED (Specify) Married	14 DATE OF BIRTH (Mo., Day, Yr.) 6 November 7, 1930
15 SOCIAL SECURITY NUMBER [Redacted]	16 USUAL OCCUPATION (Give kind of work done during most of working life. Even if Retired) Fleet Liaison Inspector	17 SURVIVING SPOUSE (If wife, give maiden name) Muriel E. Feary	18 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
19 RESIDENCE - STATE Nevada	20 COUNTY Churchill	21 CITY, TOWN OR LOCATION Fallon	22 STREET AND NUMBER 2156 Soda Lake Rd.	
15a FATHER - NAME (Type of Print) Chester W. Eye		15b MOTHER - NAME (Type of Print) Mary E. Edmunds		
16 AFFIRMANT - NAME (Type of Print) Wife, Muriel E. Eye		17 MAILING ADDRESS (Street or R.F.D., City, Town, State, Zip) 2156 Soda Lake Rd., Fallon, Nevada 89406		
18a MANNER OF BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		18b CEMETERY OR CREMATORY - NAME Churchill Public Cemetery		
19a NAME AND ADDRESS OF FACILITY Austin-Matson-Smith F.H., Box 245, Fallon, Nevada 89406		20 SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> Physician - M.D.		
21 DATE SIGNED Nov 12, 1985		22a On the basis of my personal knowledge and belief, I certify that the facts stated are true and correct to the best of my knowledge and belief.		
23 NAME AND ADDRESS OF PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Gary Hidenour, M.D., 625 W. Williams Ave., Fallon, Nevada 89406		22b DATE SIGNED BY PHYSICIAN, MEDICAL EXAMINER OR CORONER Nov 11, 1985		
24 REGISTERED John Smith, State Registrar		25 DATE RECEIVED BY REGISTRAR Nov 11, 1985		
26 AS IMMEDIATE CAUSE OF DEATH (Specify Yes or No) MALIGNANT VENOUS THROMBOSIS		27 INTERVAL BETWEEN ONSET AND DEATH		
28 PART I CORONARY ARTERY DISEASE		29 INTERVAL BETWEEN ONSET AND DEATH		
30 PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not included in cause given in PART I (a)		31 AUTOPSY (Specify Yes or No) No		
32 ACC. SOURCE FROM LABEL OR READING INVEST. (Specify) None		33 DATE OF INJURY (Mo., Day, Yr.) None		
34 INJURY AT WORK (Specify Yes or No) No		35 PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) None		
36		37 STREET OR R.F.D. No. None		
38		39 CITY OR TOWN Fallon		
39		40 STATE Nevada		

No 53792

This is to certify that the above is a true and correct copy of the certificate on file in this office. By: **Catherine S. [Signature]** Deputy Registrar

Date issued: **NOV 25 1985**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

RECORDED AT REQUEST OF
 Diabl, Evans + Associates
 BOOK 142 PAGE 357

86 FEB 24 10:53

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

BOOK 142 PAGE 359