

AFFIDAVIT TERMINATING JOINT TENANCY

1
2 STATE OF NEVADA)
3 COUNTY OF ELKO)SS.

4 MARY JEAN ETCHEGARAY, being duly sworn, deposes and says:

5 That PETE ETCHEVERRY was the father of MARY JEAN ETCHEGARAY,
6 one of the Grantees in that certain Deed dated July 30, 1984,
7 wherein PETE ETCHEVERRY was Grantor, and MARY JEAN ETCHEGARAY
8 and JERRY P. ETCHEVERRY and PETE ETCHEVERRY, as joint tenants
9 with right of survivorship and not as tenants in common, were
10 Grantees, conveying those certain lots, pieces or parcels of
11 land situate in the Town of Eureka, County of Eureka, State of
12 Nevada, more particularly described as follows:

13 Lots 12, 13, 14, 15 and 16 in Block 4,
14 and Lots 5, 6 and 7 in Block 00, as
15 shown on the Official Map of the Townsite
16 of Eureka, approved by the United States
17 General Land Office, November 19, 1937,
18 filed in the Eureka County Recorders
19 Office February 29, 1972, as File No.
20 55582.

21 Together with all tenements, hereditaments
22 and appurtenances thereunto belonging or in
23 anywise appertaining, any reversion,
24 remainders, rents, issues or profits thereof.

25 That said Deed was recorded on July 30, 1984, in Book 124,
26 of Official Records, at page 350, under File No. 94028, Eureka
27 County Recorders Office, and that your Affiant is the self-same
28 MARY JEAN ETCHEGARAY as shown in said Deed.

29 That the said PETE ETCHEVERRY, one of the Grantees named
in the aforesaid Deed, died in the City of Winnemucca, County
of Humboldt, State of Nevada, on January 4, 1986, and is the
identical person named as PETE ETCHEVERRY in that Certificate

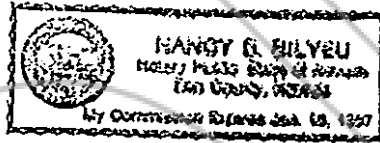
1 of Death, duly certified, attached hereto and by reference made
2 a part hereof.

3
4 Mary Jean Etcheagaray
5 MARY JEAN ETCHEGARAY

6 STATE OF NEVADA)
7)SS.
8 COUNTY OF ELKO)

9 Subscribed and sworn to before me
10 this 17th day of January, 1986.

11 Nancy B. Bilyeu
12 NOTARY PUBLIC





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

86-1-1

ALTERED

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		ALIAS		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER
	DECEASED—NAME FIRST MIDDLE LAST		LAST				COUNTY OF DEATH
DECEDENT	1 City, Town, or Location of Death		2 Hospital or Other Institution (Name if not other, give street and number)		3 Date of Birth (Mo., Day, Yr.)		4 Sex
	20 Winnemucca		* Humboldt General Hospital		6 October 22, 1894		7 Male
# MARK OCCUR IN REGISTER SET MARKING REGARDING COMPLETION OF RESIDENCE ITEMS	4a Race (to be White, Black, American Indian, etc.) (Specify)		4b Ethnicity (Specify)		5a Age—Last Birthday (Years)		5b Under 1 Year
	4a White		4b French		5a 91		5b MOS : DAYS
FATHER—NAME First Middle Last	5 State of Birth (If not U.S.A., name country)		6 Citizen of What Country		7 Married, Never Married, Widowed, Divorced (Specify)		8 Surviving Spouse (If wife, give maiden name)
	5 France		6 USA		7 Widowed		8
MOTHER—MAIDEN NAME First Middle Last	9 Social Security Number		10 Usual Occupation (Give Kind of Work Done During Most of Working Life, Even if Retired)		11 Kind of Business or Industry		12 Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No)
	9		10 Rancher		11 Livestock		12
INFORMANT—NAME (Type or Print)	13 Residence—State, County, City, Town, or Location		14 Street and Number		15 Inside City Limits (Specify Yes or No)		16
	13a Nevada		14a Eureka		15a Rural		16a No
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	17 Informant—Name (Type or Print)		18 Mailing Address (Street or R.F.D. No., City or Town, State, Zip)		19 Cemetery or Crematory—Name		20 Location (City or Town, State)
	17a Jerry Etcheverry		18a 30 Vista Winnemucca, Nevada 89445		19a Eureka Catholic Cemetery		20a Eureka, Nevada
GENERAL DIRECTOR—SIGNATURE (Type or Print)	21a To the best of my knowledge, death occurred at the time, date, and place and due to the causes stated		21b Signature and Title		21c Date Signed (Mo., Day, Yr.)		21d Hour of Death
	21a		21b Jeff W. Lovett MD		21c January 6, 1986		21d 5:27 P.M.
NAME AND ADDRESS OF CERTIFYING PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)	22 Name and Date Cause		23 Date of Death		24 Yes or No		25
	22a Cerebrovascular Accident		23 January 6, 1986		24 YES NO		25
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART 1 (a))	26 Date of Injury (Mo., Day, Yr.)		27 Hour of Injury		28 Describe How Injury Occurred		29
	26		27		28		29
INJURY AT WORK (Specify Yes or No)	30 Place of Injury—At home, farm, street, factory, office, building, etc. (Specify)		31 Location		32 Street or R.F.D. No.		33 City or Town
	30		31		32		33

Information Corrected. State Affidavit 22271. Item 5a. Feb. 1, 1986

VITAL RECORDS

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

Date Issued: MAR 5 1986

Catherine S. Low
Deputy Registrar



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

BOOK 44 PAGE 74

RECORDED AT REQUEST OF
Mary Joan Echeagaray
BOOK 144 PAGE 172

86 MAY 2 AIO: 51

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
M.N. REBALEATI RECORDER
FILE NO. 102579
FEE \$ 8.00

BOOK 144 PAGE 175