

AFFIDAVIT TERMINATING JOINT TENANCY

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

4 GENEVE H. BISONI, being first duly sworn, deposes and
 5 says, to-wit:

6 That Affiant was the wife of LESTER A. BISONI, one of the
 7 Grantees in that certain Deed dated May 18, 1981, wherein LESTER
 8 BISONI and GENEVE H. BISONI were Grantors, and LESTER A. BISONI
 9 and GENEVE H. BISONI, husband and wife, as joint tenants with
 10 right of survivorship and not as tenants in common, were Grantees,
 11 conveying those certain lots, pieces or parcels of real property
 12 situate in the Town of Eureka, County of Eureka, State of Nevada,
 13 and more particularly described as follows, to-wit:

14 Lots 3, 4, 5 and 6, of Block 76, Townsite
 15 of Eureka, County of Eureka, State of
 16 Nevada, as delineated upon the Official
 17 Plat of the survey of said Townsite and
 which is recorded in Book 23 of Deeds
 at page 226, records of Eureka County,
 State of Nevada.

18 TOGETHER with the tenements, hereditaments
 19 and appurtenances thereunto belonging or
 20 appertaining, and the reversion and reversions,
 remainder and remainders, rents, issues,
 and profits thereof.

21 That said Deed was recorded on May 19, 1981, in Book 94
 22 , Page 451, File No. 80354, in the Office of the Eureka County
 23 Recorder.

24 That the said LESTER A. BISONI, one of the Grantees named
 25 in the aforesaid Deed, died in the City of Elko, County of Elko,
 26 state of Nevada, on September 22, 1986 and is the identical person
 27 named as LESTER A. BISONI in that Certificate of Death, duly
 28 certified, marked Exhibit A and attached hereto; that said

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1 certified copy of Certificate of Death is hereby referred to and
2 by such reference is incorporated into this paragraph as though
3 herein fully set forth.

4 DATED this 4th day of November, 1986.

5
6
7 Geneve H. Bisoni
8 GENEVE H. BISONI
9

10 SUBSCRIBED and SWORN to before me
11 this 4th day of November 1986.
12

13
14 John Mangle
15 NOTARY PUBLIC
16 LA-SHIRE COUNTY, MISSOURI



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28 - 2 and last -

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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

18,887 (97)

	LOCAL FILE NUMBER DECEASED—NAME 1. Lester Angelo BISONI	MIDDLE Angelo	LAST BISONI	DATE OF DEATH (Month, Day, Year) September 22, 1986	STATE FILE NUMBER COUNTY OF DEATH 3a. Elko
DECEASED	CITY, TOWN, OR LOCATION OF DEATH 2b. Elko		HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number) 3c. Elko General Hospital		INSIDE CITY LIMITS (Specify Yes or No) 3d. Yes
	RACE—In U.S. (Specify) 4a. White		ETHNIC 4b.	AGE—Last Birthday (Specify) 5a. 64	UNDER 1 YEAR MOS. : DAYS : HRS. : MIN. : SEC. : 5b.
IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF THIS CERTIFICATE	STATE OF BIRTH (If not U.S.A., name country) 8. Nevada		CITIZEN OF WHAT COUNTRY 9. USA		DATE OF BIRTH (Mo., Day, Yr.) 6. Sept. 25, 1921
	SOCIAL SECURITY NUMBER 12.		USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) 14a. State Highway Department		SEX 7. Male
PARENTS	RESIDENCE—STATE 15a. Nevada		CITY, TOWN, OR LOCATION 15b. Eureka		STREET AND NUMBER 15d. Robins St.
	FATHER—NAME (Type or Print) 16. Angelo John Bisoni		MOTHER—MAIDEN NAME (Type or Print) 17. Albina Gibellini		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 18a. Burial		CEMETERY OR CREMATORY—NAME 18b. Eureka Catholic Cemetery		LOCATION City or Town 18c. Eureka, Nevada
	FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such) 20a. <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY 20b. Burns Funeral Home, Inc. P.O. Box 689 Elko, Nevada 89801		
CERTIFIER	21c. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated.		21a. 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.		
	DATE SIGNED (Mo., Day, Yr.) 21b. 9/23/86		HOUR OF DEATH 21c. 0507		DATE SIGNED (Mo., Day, Yr.) 22b.
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Mitchell E. Miller, M.D.		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 21e. Mitchell F. Miller, M.D. 762-14th Street, Elko, NV 89801		PRONOUNCED DEAD (Mo., Day, Yr.) 22a. ON
	21f. SIGNATURE (Type or Print) <i>[Signature]</i>		21g. SIGNATURE (Type or Print) <i>[Signature]</i>		PRONOUNCED DEAD (Mo., Day, Yr.) 22c. AT
CAUSE OF DEATH	24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Sept 26, 1986		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 1st, 2nd AND 3rd		INTERVAL BETWEEN ONSET AND DEATH		
CAUSE OF DEATH	PART 1 a1. Cardiopulmonary arrest DUE TO OR AS A CONSEQUENCE OF		12 hours		
	b1. Pulmonary Edema DUE TO OR AS A CONSEQUENCE OF		12 hours		
	c1. Acute myocardial infarction		24-48 hours		
PART 2 Acute renal failure		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a1)			
26. ALL SURVIVE, NAME, UNDER, OR PENDING INVEST (Specify) 26a.		DATE OF INJURY (Mo., Day, Yr.) 26b.		HOUR OF INJURY 26c.	
26d. DESCRIBE HOW INJURY OCCURRED		26e. LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
26f. INJURY AT WORK (Specify Yes or No) 26e.		26g. PLACE OF INJURY—(If home, farm, street, factory, office building, etc. (Specify)) 26f.		26h.	

VITAL RECORDS
By: *Lawrence P. Mathias*
Deputy Registrar



This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date Issued: **097 10 1986**



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

RECORDED AT REQUEST OF
Genevieve H. Biscari
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99 NOV 5 AID: 17

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
H.N. REBALEATI, RECORDER
FILE NO. 10658
FEE \$ 8.00

COPY

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