

## AFFIDAVIT TERMINATING JOINT TENANCY

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

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

8 That Affiant was the wife of LESTER A. BISONI, one of the  
9 Grantees in that certain Deed dated August 29, 1984, wherein  
10 LESTER A. BISONI and GENEVE H. BISONI, husband and wife, were  
11 Grantors, and LESTER A. BISONI and GENEVE H. BISONI, husband  
12 and wife, as joint tenants with right of survivorship and not as  
13 tenants in common, were Grantees conveying those certain unpatented  
14 mining claims situate, lying and being in the County of Eureka,  
15 State of Nevada, and more particularly described as follows; to-wit:

16 Their interest being an undivided one-half interest  
17 in the following:

Claim Name	Book	Page	BLM NMC No.
Ant #1 thru #22	52	444-445	70955-70976
Ant #25 thru #50	52	466-491	70977-71002
Base	K	200	71003
Dot	K	261	71004
Dot #1 thru #6	K	262-267	71005-71010
Dot #7 thru #9	K	278-280	71011-71013
Hev	K	299	71014
Hev #1 thru #3	K	296-298	71015-71017
Ion	K	213	71018
Ion #1 thru #4	K	214-216	71019-71022
JAV #2 thru #3	K	300-305	71023-71024
Jem	K	271	71025
Jem #1 thru #2	K	272-273	71026-71027
JLL	K	242	71028
JLL #2 thru #5	K	244-247	71029-71032
Mud #1 thru #3	89	374-376	71033-71035
Mite #51 thru #76	66	280-305	37686-37711
Mite #81 thru #169	66	306-393	37712-37799
Par	K	306	71036
Par #1 thru #3	K	307-309	71037-71039

28  
-BOOK 55 PAGE 553

1	Par #4	K	315	71040
	Par #5	K	301	71041
2	Par #6	K	311	71042
	Par #7	K	259	71043
3	Par #8	K	314	71044
	Par #9	K	260	71045
4	Rev	K	255	71046
	Rev #1	K	268	71047
5	Rev #2	K	256	71048
	Rev #3	K	269	71049
6	Rev #4	K	257	71050
	Rev #5	K	270	71051
7	Rev #6	K	258	71052
	Rev #7	K	291	71053
8	Rev #8	K	292	71054
	Rev #9	K	290	71055
9	Slim	K	251	71056
	Slim #1 thru #2	K	248-249	71057-71058
10	Slim #3	K	252	71059
	Slim #4	K	250	71060
11	Slim #6	K	254	71061
	Tan	K	213	71062
12	Lake #272	91	48	183149
	Lake #274	91	50	183151
13	Lake #276	91	52	183153
	Lake #278	91	54	183155
14	Lake #280	91	56	183157
	Lake #282	91	58	183159
15	Lake #284	91	60	183161
	Lake #286	91	62	183163
16	Lake #288	91	64	183165
	Lake #290	91	66	183167
17	Lake #296	91	72	183173
	Lake #297	91	73	183174
18	Lake #298 thru #305	91	74-81	183175-183182
	Lake #310 thru #329	91	86-105	183187-183206
19	Lake #306 thru #307	91	82-83	183183-183184
	Lake #309	91	85	183186
20	Lake #337 thru #339	91	113-115	183214-183216
	St. Pat #1 thru #27	81	520-546	154020-154046
21	If	81	133	152247
	St. Pat #28 thru #139	88	317-428	170812-170923
22	St. Pat #140 thru #156	96	167-200	207622-207638
	St. Pat #157 thru #161	88	446-450	171101-171105
23	St. Pat #162 thru #175	91	417-430	185143-185156
	St. Pat #176 Amended	94	57	171120
24	St. Pat #177 thru #180	88	466-469	171121-171124
	St. Pat #181 thru #190	91	431-440	185157-185166
25	St. Pat #194	88	480	171135
	St. Pat #195 thru #197	91	441-443	185167-185169
26	St. Pat #198 thru #199	88	404-485	171139-171140
	St. Pat #200	102	92	237150
27	St. Pat #201 thru #212	88	487-498	171142-171153
28				

1	St. Pat #215 thru			
2	#218 Amended	94	58-61	171154-171157
3	St. Pat #219 thru #220	102	93-94	237151-237152
4	St. Pat #221 thru #226	102	95-100	237153-237158
5	St. Pat #227 thru			
6	#228 Amended	94	62-63	171166-171167
7	St. Pat #230	88	513	171168
8	St. Pat #231	102	101	237159
9	St. Pat #232 thru #280	88	515-563	171170-171218
10	St. Pat #281 thru #284	91	465-468	185191-185194
11	St. Pat #285 thru #287	88	568-570	171223-171225
12	St. Pat #288 thru #290	102	102-104	237160-237162
13	St. Pat #291 thru #298	88	574-581	171229-171236
14	St. Pat #299 thru #302	91	469-472	185195-185198
15	St. Pat #303 thru #305	88	586-589	171241-171243
16	St. Pat #306 thru #308	102	105-107	237163-237165
17	St. Pat #309 thru #317	88	592-600	171247-171255
18	St. Pat #318 thru #321	89	1-4	171256-171259
19	St. Pat #322 thru #352	89	5-35	171260-171290
20	St. Pat #353 thru #372	91	444-463	185170-185189
21	St. Pat #373 thru #382	89	56-65	171311-171320
22	St. Pat #383 thru #398	89	66-81	171321-171336
23	St. Pat #399 thru			
24	#400 Amended	94	64-65	171337-171338
25	St. Pat #401 thru #412	89	84-95	171339-171350
26	St. Pat #413 thru #419	91	306-312	184321-184327
27	St. Pat #423 thru #431	95	135-143	200233-200241
28	St. Pat #434 thru #439	95	146-151	200244-200249
29	St. Pat #447 thru #455	95	159-167	200257-200265
30	St. Pat #464 thru #469	95	176-181	200274-200279
31	St. Pat #484 thru #489	95	196-201	200294-200299
32	St. Pat #504 thru #505	95	216-217	200314-200315
33	St. Pat #506 thru #508	95	218-220	200316-200318
34	St. Pat #523 thru #524	95	235-236	200333-200334
35	St. Pat #539 thru #540	95	251-252	200349-200350
36	St. Pat #555 thru #556	95	268-269	200366-200367
37	St. Pat #570 thru #571	95	283-284	200381-200382
38	St. Pat #586 thru #587	95	299-300	200397-200398
39	St. Pat #588 thru #591	95	301-304	200399-200402
40	X #1 thru #15	89	160-174	172461-172475
41	X #16	89	175	194221
42	Bar #1	49	387	80514
43	Bat #1	49	386	80515
44	Van #1	J	468	96037
45	Van #2	J	468	96038
46	Van #3	J	468	96039
47	Van #4	J	469	96040
48	Van #5	J	475	96041
49	Van #6	K	4	96042
50	Van #7	K	5	96043
51	Van #8	K	5	96044
52	Van #12	K	8	96045
53	Van #13	K	9	96046
54	NAV #6	32	448	96047

1	NAV #7	32	449	96048
	NAV #8	32	450	96049
2	Sand #1	32	451	96050
	Sand #2	32	452	96051
3	Sand #3	K	21	96052
	Ril #31	92	212	187024
4	Ril #32	92	213	187025
	Ril #33	92	214	187026
5	Ril #34	92	215	187027
	Ril #35	92	216	187028
6	Ril #36	92	217	187029
	Ril #37	92	218	187030
7	Ril #38	92	219	187031
	Ril #39	92	220	187032
8	Ril #40	92	221	187033
	Ril #41	92	222	187034
9	Ril #48	124	379	312846
	Ril #49	124	380	312847
10	Ril #43 )			
	Ril #45 )			
11	Ril #46 )	Not recorded		
	Ril #47 )	as yet		
12	Ril #50 )			
	Ril #51 )			
13	Ril #52 )			
	Ril #53 )			
14	Ril #54 )			
15	DL 1 thru 13	89	268-280	173277-173289
	DL 20 thru 31	89	281-292	173290-173301
16	Lake 83 thru 112	90	463-492	182964-182993
	Lake 114	90	493	182294
17	Lake 116	90	494	182295
	Lake 118	90	495	182296
18	Lake 123	90	500	183001
	Lake 125	90	502	183003
19	Lake 127	90	504	183005
	Lake 129 thru 136	90	506-513	183007-183014
20	Lake 143 thru 150	90	520-527	183021-183028
	Lake 152 thru 194	90	528-570	183029-183071
21	Lake 201 thru 203	90	577-579	183078-183080
	Lake 207 thru 212	90	583-588	183084-183089
22	Lake 330 thru 334	91	106-110	183207-183211
	Rat #1 thru #27	50	209-235	113195-113221
23	Rat #30 thru #31	65	115-116	26569-26570
	Rat #32 thru #33	65	191-193	26571-26572
24	Rat #38 thru #48	65	117-127	26573-26583
	Rat #50 thru #56	65	128-134	26584-26590
25	Plus any claims located by Lessee within 3,000 feet from			
	any point of the Perimeter of the above Rat claims and			
26	including:			
27	Sel Rat #58	70	505	70812
	Sel Rat #59	70	506	70813

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TOGETHER WITH all rock, earth, ore, minerals, gold, silver, lead and all other ores or minerals therein or thereon contained and the dips, spurs, angles, shafts, drifts, tunnels, or other improvements, including all easements and right of way thereon or appurtenant thereto.

TOGETHER WITH ALL AND SINGULAR, the tenements, hereditaments and appurtenances thereunto belonging and in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

That said Deed was recorded on August 29, 1984, in Book 127, Page 52, File No. 95307, in the Office of the Eureka County Recorder.

That the said LESTER A. BISONI, one of the Grantees named in the aforesaid Deed, died in the City of Elko, County of Elko, State of Nevada, on September 22, 1986, and is the identical person named as LESTER A. BISONI 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.

DATED this 2 day of April, 1987.

Geneve H. Bisoni  
GENEVE H. BISONI

SUBSCRIBED and SWORN to before me  
this 2<sup>nd</sup> day of April, 1987.

Gladys Gricechea  
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

18,887 (97)

86 005716

TYPE OR PRINT IN PERMANENT BLACK INK  IF DEATH OCCURRED IN INSTITUTION SEE NUMBER REGARDING COMPLETION OF NECESSARY ITEMS  DECEASED  IF DEATH OCCURRED IN INSTITUTION SEE NUMBER REGARDING COMPLETION OF NECESSARY ITEMS  PARENTS  DISPOSITION  CERTIFIER  CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE HOBEL FINDING CAUSE LAST  CAUSE OF DEATH	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">LOCAL FILE NUMBER</td> <td colspan="2">DECEASED—NAME First Middle Last</td> <td colspan="2">DATE OF DEATH (Month, Day, Year)</td> <td colspan="2">COUNTY OF DEATH</td> </tr> <tr> <td colspan="2">1. Lester Angelo BISONI</td> <td colspan="2">2. September 22, 1986</td> <td colspan="2">3. Elko</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">CITY, TOWN, OR LOCATION OF DEATH</td> <td colspan="2">HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)</td> <td colspan="2">INSIDE CITY LIMITS (Specify Yes or No)</td> <td colspan="2">If Hosp. or Inst. Indicate DOA, OP, Emer. Res. Indenture (Specify)</td> </tr> <tr> <td colspan="2">2a. Elko</td> <td colspan="2">3. Elko General Hospital</td> <td colspan="2">3a. Yes</td> <td colspan="2">3b. Inpatient</td> </tr> <tr> <td colspan="2">RACE—(e.g., White, Black, American Indian, etc.) (Specify)</td> <td colspan="2">ETHNIC</td> <td colspan="2">AGE—Last Birthday (Years)</td> <td colspan="2">UNDER 1 YEAR MOS : DAYS</td> </tr> <tr> <td colspan="2">4a. White</td> <td colspan="2">4b.</td> <td colspan="2">5a. 44</td> <td colspan="2">5b.</td> </tr> <tr> <td colspan="2">STATE OF BIRTH (If not U.S.A., name country)</td> <td colspan="2">CITIZEN OF WHAT COUNTRY</td> <td colspan="2">MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</td> <td colspan="2">SURVIVING SPOUSE (If valid, give maiden name)</td> </tr> <tr> <td colspan="2">8. Nevada</td> <td colspan="2">9. USA</td> <td colspan="2">10. Married</td> <td colspan="2">11. Geneve Green</td> </tr> <tr> <td colspan="2">SOCIAL SECURITY NUMBER</td> <td colspan="2">USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)</td> <td colspan="2">KIND OF BUSINESS OR INDUSTRY</td> <td colspan="2">WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)</td> </tr> <tr> <td colspan="2">12. [Redacted]</td> <td colspan="2">14a. State Highway Department</td> <td colspan="2">14b. Maintenance B</td> <td colspan="2">17. Yes</td> </tr> <tr> <td colspan="2">RESIDENCE—STATE</td> <td colspan="2">COUNTY</td> <td colspan="2">CITY, TOWN, OR LOCATION</td> <td colspan="2">STREET AND NUMBER (If Inside City Limits)</td> </tr> <tr> <td colspan="2">15a. Nevada</td> <td colspan="2">15b. Elko</td> <td colspan="2">15c. Elko</td> <td colspan="2">15d. Robins St.</td> </tr> <tr> <td colspan="2">FATHER—NAME First Middle Last</td> <td colspan="2">MOTHER—MAIDEN NAME First Middle Last</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">16a. Angelo John BISONI</td> <td colspan="2">17. Albina Gibellini</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">DECEASED—NAME (Type or Print)</td> <td colspan="2">MAILING ADDRESS (Street or P.O. No., City or Town, State, Zip)</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">18a. Geneve Bisoni</td> <td colspan="2">18b. P.O. Box 184 Elko, Nevada 89316</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">BURIAL, CREMATION, REMOVAL, OTHER (Specify)</td> <td colspan="2">CEMETERY OR CREMATORY—NAME</td> <td colspan="2">LOCATION City or Town State</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">19a. Burial</td> <td colspan="2">19b. Elko Catholic Cemetery</td> <td colspan="2">19c. Elko, Nevada</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">FUNERAL DIRECTOR—SIGNATURE OF Person Acting as Surety</td> <td colspan="2">NAME AND ADDRESS OF FACILITY</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">20a. [Signature]</td> <td colspan="2">20b. Burns Funeral Home, Inc. P.O. Box 689 Elko, Nevada 89801</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.</td> <td colspan="2">21b. DATE SIGNED (Mo., Day, Yr.)</td> <td colspan="2">21c. HOUR OF DEATH</td> <td colspan="2">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.</td> </tr> <tr> <td colspan="2">21a. [Signature]</td> <td colspan="2">21b. 9/23/86</td> <td colspan="2">21c. 0507</td> <td colspan="2">22a. [Signature]</td> </tr> <tr> <td colspan="2">NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print)</td> <td colspan="2">22b. PRONOUNCED DEAD (Mo., Day, Yr.)</td> <td colspan="2">22c. PRONOUNCED DEAD (Hour)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">23a. Mitchell E. Miller, M.D.</td> <td colspan="2">22b. ON</td> <td colspan="2">22c. AT</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type or Print)</td> <td colspan="2">23. Mitchell E. Miller, M.D., 762-14th Street, Elko, NV 89801</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">REGISTRATION</td> <td colspan="2">DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)</td> <td colspan="2">DEATH DUE TO COMMUNICABLE DISEASE</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">24a. [Signature]</td> <td colspan="2">24b. Sept 26, 1986</td> <td colspan="2">24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I-1, I-2, AND I-3)</td> <td colspan="2"></td> <td colspan="2">Interval between onset and death</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">PART I-1 (a) Cardiopulmonary arrest</td> <td colspan="2"></td> <td colspan="2">12 hours</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">(b) Pulmonary Edema</td> <td colspan="2"></td> <td colspan="2">12 hours</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">(c) Acute myocardial infarction</td> <td colspan="2"></td> <td colspan="2">24-48 hours</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I-1</td> <td colspan="2">AUTOPSY</td> <td colspan="2">WAS CASE REFERRED TO CORONER (Specify Yes or No)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Acute renal failure</td> <td colspan="2">26. No</td> <td colspan="2">27. No</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">ACUTE OR CHRONIC INJURY (Specify)</td> <td colspan="2">DATE OF INJURY (Mo., Day, Yr.)</td> <td colspan="2">HOUR OF INJURY</td> <td colspan="2">DESCRIBE HOW INJURY OCCURRED</td> </tr> <tr> <td colspan="2">27a.</td> <td colspan="2">27b.</td> <td colspan="2">27c.</td> <td colspan="2">27d.</td> </tr> <tr> <td colspan="2">INJURY AT WORK (Specify Yes or No)</td> <td colspan="2">PLACE OF INJURY—As home, farm, school, factory, office, business, etc. (Specify)</td> <td colspan="2">LOCATION</td> <td colspan="2">CITY OR TOWN STATE</td> </tr> <tr> <td colspan="2">28a.</td> <td colspan="2">28b.</td> <td colspan="2">28c.</td> <td colspan="2">28d.</td> </tr> </table>	LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH		1. Lester Angelo BISONI		2. September 22, 1986		3. Elko				CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)		If Hosp. or Inst. Indicate DOA, OP, Emer. Res. Indenture (Specify)		2a. Elko		3. Elko General Hospital		3a. Yes		3b. Inpatient		RACE—(e.g., White, Black, American Indian, etc.) (Specify)		ETHNIC		AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS		4a. White		4b.		5a. 44		5b.		STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If valid, give maiden name)		8. Nevada		9. USA		10. Married		11. Geneve Green		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		12. [Redacted]		14a. State Highway Department		14b. Maintenance B		17. Yes		RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER (If Inside City Limits)		15a. Nevada		15b. Elko		15c. Elko		15d. Robins St.		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last						16a. Angelo John BISONI		17. Albina Gibellini						DECEASED—NAME (Type or Print)		MAILING ADDRESS (Street or P.O. No., City or Town, State, Zip)						18a. Geneve Bisoni		18b. P.O. Box 184 Elko, Nevada 89316						BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State				19a. Burial		19b. Elko Catholic Cemetery		19c. Elko, Nevada				FUNERAL DIRECTOR—SIGNATURE OF Person Acting as Surety		NAME AND ADDRESS OF FACILITY						20a. [Signature]		20b. Burns Funeral Home, Inc. P.O. Box 689 Elko, Nevada 89801						21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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.		21a. [Signature]		21b. 9/23/86		21c. 0507		22a. [Signature]		NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)				23a. Mitchell E. Miller, M.D.		22b. ON		22c. AT				NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type or Print)		23. Mitchell E. Miller, M.D., 762-14th Street, Elko, NV 89801						REGISTRATION		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE				24a. [Signature]		24b. Sept 26, 1986		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I-1, I-2, AND I-3)				Interval between onset and death				PART I-1 (a) Cardiopulmonary arrest				12 hours				(b) Pulmonary Edema				12 hours				(c) Acute myocardial infarction				24-48 hours				OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I-1		AUTOPSY		WAS CASE REFERRED TO CORONER (Specify Yes or No)				Acute renal failure		26. No		27. No				ACUTE OR CHRONIC INJURY (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		27a.		27b.		27c.		27d.		INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—As home, farm, school, factory, office, business, etc. (Specify)		LOCATION		CITY OR TOWN STATE		28a.		28b.		28c.		28d.	
LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH																																																																																																																																																																																																																																																																																																			
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CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)		If Hosp. or Inst. Indicate DOA, OP, Emer. Res. Indenture (Specify)																																																																																																																																																																																																																																																																																																			
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RACE—(e.g., White, Black, American Indian, etc.) (Specify)		ETHNIC		AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS																																																																																																																																																																																																																																																																																																			
4a. White		4b.		5a. 44		5b.																																																																																																																																																																																																																																																																																																			
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If valid, give maiden name)																																																																																																																																																																																																																																																																																																			
8. Nevada		9. USA		10. Married		11. Geneve Green																																																																																																																																																																																																																																																																																																			
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12. [Redacted]		14a. State Highway Department		14b. Maintenance B		17. Yes																																																																																																																																																																																																																																																																																																			
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Birth Cert. #21-000979 St. Index #954-18



No 57396

VITAL RECORDS

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

MAR 27 1987

Date Issued:

*Lawrence Miller*  
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

DIVISION OF VITAL STATISTICS

RECORDED AT REQUEST OF  
*Genevieve Bizoni*  
BOOK 155 PAGE 553

87 APR 2 AIO: 17

OFFICIAL RECORDS  
EUREKA COUNTY, NEVADA  
M.N. RESALEATI, RECORDER  
FILE NO. 107862  
FFS 11.00

**COPY**

APR 2 1987

BOOK 155 PAGE 559