AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
: ss.
County of Eureka)

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

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

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

Claim Name	Book	Page	BLM NMC No.
Pat #16	414	1	24419
Pat #17	414	2	24420
Pat #18	414	3	24421
Pat #19	414	4	24422
Pat #20	414	5	24423
Pat #21	414	6	24424
Pat #22	414	7	24425
Pat #23	414	8	24426
Pat #24	414	9	24427
Pat #25	414	10	24428

TOGETHER WITH all the 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 rights 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 31, 1984, in Book 77, Pages 585-586, File No. 230520, in the Office of the White Pine 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 2nd day of April, 1987.

Geneve H. Bisoni
GENEVE H. BISONI

SUBSCRIBED and SWORN to before me this 2nd day of April, 1987.

Glady Goicoechea
NOTARY PUBLIC

GLADY GOICOECHEA
Notary Public - State of Nevada
Eureka County Nevada
My appointment expires Oct 29, 1990

COPY

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

86 005716 — STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME: Lester Angelo BISONI
2. DATE OF DEATH (Month, Day, Year): September 22, 1986
2a. COUNTY OF DEATH: Elko
3b. CITY, TOWN OR LOCATION OF DEATH: Elko
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Elko General Hospital
3d. INSIDE CITY LIMITS (Specify Yes or No): Yes
3e. If Hosp. or Inst. indicate DOA, OP/Emer., Rm. Inpatient (Specify): Inpatient
4a. RACE—(e.g., White, Black, American Indian, etc) (Specify): White
4b. ETHNIC:
5a. AGE—Last Birthday (Years): 64
5b. UNDER 1 YEAR: MOS : DAYS
5c. UNDER 1 DAY: HOURS : MINS
6. DATE OF BIRTH (Mo., Day, Yr.): Sept. 25, 1921
7. SEX: Male
8. STATE OF BIRTH (If not U.S.A., name country): Nevada
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Geneve Green
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13. SOCIAL SECURITY NUMBER: [redacted]
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired): State Highway Department
14b. KIND OF BUSINESS OR INDUSTRY: Maintenance
15a. RESIDENCE—STATE: Nevada
15b. COUNTY: Eureka
15c. CITY, TOWN, OR LOCATION: Eureka
15d. STREET AND NUMBER: Robins St.
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

If death occurred in institution see handbook regarding completion of residence items

PARENTS

16. FATHER—NAME: Angelo John Bisoni
17. MOTHER—MAIDEN NAME: Albina Gibellini
18a. INFORMANT—NAME (Type or Print): Geneve Bisoni
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): P.O. Box 184 Eureka, Nevada 89316

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Eureka Catholic Cemetery
19c. LOCATION (City or Town, State): Eureka, Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): [signature]
20b. NAME AND ADDRESS OF FACILITY: Burns Funeral Home, Inc. P.O. Box 689 Elko, Nevada 89801

CERTIFIER

Law Governing Certification

21a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated. (Signature and Title): [signature]
21b. DATE SIGNED (Mo., Day, Yr.): 9/23/86
21c. HOUR OF DEATH: 0507
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Mitchell E. Miller, M.D.

To be completed by Coroner in Clarke

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. (Signature and Title):
22b. DATE SIGNED (Mo., Day, Yr.):
22c. HOUR OF DEATH:
22d. PRONOUNCED DEAD (Mo., Day, Yr.): 22e. ON
22f. PRONOUNCED DEAD (Place): 22g. AT

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Mitchell E. Miller, M.D. 762-14th Street, Elko, NV 89801

24a. REGISTRAR (Signature): Katherine A. Avondet Deputy
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): Sept 26, 1986
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)): Cardiopulmonary arrest — Interval between onset and death: 12 hours
PART I (b) DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Edema — Interval between onset and death: 12 hours
(c) DUE TO, OR AS A CONSEQUENCE OF: Acute myocardial infarction — Interval between onset and death: 24-48 hours
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Acute renal failure
26. AUTOPSY (Specify Yes or No):
27. WAS CASE REFERRED TO CORONER (Specify Yes or No):

28a. ACCIDENT, HOMICIDE, SUICIDE (Specify):
28b. DATE OF INJURY (Mo., Day, Yr.):
28c. HOUR OF INJURY:
28d. DESCRIBE HOW INJURY OCCURRED:
28e. INJURY AT WORK (Specify Yes or No):
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
28g. LOCATION: STREET OR R.F.D. No. CITY OR TOWN STATE

SEAL Affixed No 57396

Birth Cert. #21-000979 St. Index #954-18

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 27 1987

By: [signature] Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 155 PAGE 562

RECORDED AT REQUEST OF
Genene Olson
BOOK 155 PAGE 560

87 APR 2 A10:17

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 107863
FEE $ 8.00

BOOK 155 PAGE 563

COPY