

AFFIDAVIT TERMINATING JOINT TENANCY

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

5 Shirley Smith, being first duly sworn, deposes and says, to wit:

6 That Affiant was the sister of Helen Halstead, one of the Grantees
7 in that certain Deed dated May 7, 1985, wherein Helen Halstead was Grantor,
8 and Helen Halstead and Shirley Smith, sisters, as joint tenants with right
9 of survivorship and not as tenants in common, were Grantees, conveying
10 those certain lots, pieces or parcels of real property situated in the Town
11 of Eureka, County of Eureka, State of Nevada, and more particularly
12 described as follows, to-wit:

13 a. Lots 23, 24, 25, 26, 27, 28 and 29, Block 16;

14 b. Lots 28 and 29, Block 4;

15 c. A portion of Lots 26 and 27, Block 4, described
16 as follows:

17 Commencing at the northwest corner of Block 4, as
18 depicted on the official Plat of the Townsite of
19 Eureka, Nevada, approved by the Supervisor of
20 Surveys, United States Department of the Interior,
21 General Land Office, November 19, 1937, thence
22 South 61°53'E., a distance of 67.21 feet to the
23 true point of beginning, thence South 18°06'E., a
24 distance of 50 feet, thence North 71°45'E., a
25 distance 47.76 feet, thence North 61°53'W., a
26 distance of 71.34 feet, to the true point of
27 beginning.

28 d. A parcel of land lying North of Block 4, as set
forth on the official Plat of the Townsite of
Eureka, Nevada, approved by the Supervisor of
Surveys, United States Department of the Interior,
General Land Office, November 19, 1937, and more
particularly described as follows, to-wit:

Beginning at the northwest corner of Block 4,
thence North 17°50'W., 47.27 feet to a point;
thence North 71°45'E., 75 feet to a point;
thence South 17°50'E., at the North end of
Block 4; thence North 61°53'W., along the north
endline of Block 4 to the place of beginning,
all within the Townsite of Eureka, Eureka County,
Nevada.

1 That said Deed was recorded on June 5, 1985, in Book 136, Page
2 253, File No. 99394, in the Office of the Eureka County Recorder.

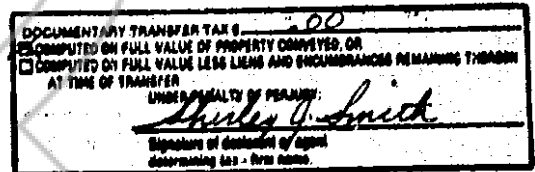
3 That the said Helen Halstead, one of the Grantees named in the
4 aforesaid Deed, died in the City of Pahrump, County of Nye, State of
5 Nevada, on May 2, 1986 and is the identical person named as Helen
6 Halstead in that Certificate of Death, duly certified, and attached
7 hereto; that said certified copy of Certificate of Death is hereby
8 referred to and by such reference is incorporated into this para-
9 graph as though herein fully set forth.

10 DATED this 15 day of April, 1987.

11
12 Shirley Smith
13 Shirley Smith

14 SUBSCRIBED and SWORN to before me
15 this 15th day of April 1987.

16 Paula Gallegos
17 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

CC0014

6 003172

| | | | | | | |
|--|--|--|---|--|--|--|
| TYPE OF DEATH OR PERMANENT BLACK MARK | DECEASED—NAME First Middle Last 1. Helen Ethela HALSTEAD | | DATE OF DEATH (Month, Day, Year) 2. May 2, 1986 | | STATE FILE NUMBER 3. 6 003172 | |
| | CITY, TOWN, OR LOCATION OF DEATH 4. Pahrump | | HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) 5. East St. Space 6 Comstock Park | | INSIDE CITY LIMITS (Specify Yes or No) 6. No | |
| | RACE—In g. White, Black, American Indian, etc. (Specify) 7. White | | AGE—Last Birthday (Year, Month, Day) 8. 64 | | DATE OF BIRTH (Month, Day, Year) 9. June 5, 1921 | |
| | SEX 10. Female | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Divorced | | SURVIVING SPOUSE (if wife, give maiden name) 12. No | |
| IF DEATH OCCURRED IN THE HOME, COMPLETE IN REMARKS | STATE OF BIRTH (if not U.S.A., name country) 13. Nevada | | CITIZEN OF WHAT COUNTRY 14. U.S.A. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 15. Divorced | |
| | SOCIAL SECURITY NUMBER 16. [REDACTED] | | USUAL OCCUPATION (Give kind or short name during most of working life. Even if retired) 17. Secretary | | KIND OF BUSINESS OR INDUSTRY 18. Electrical/Engineering | |
| | RESIDENCE—STATE 19. Nevada | | CITY, TOWN, OR LOCATION 20. Pahrump | | STREET AND NUMBER 21. East St. Space 6 Comstock Park | |
| | FATHER—NAME First Middle Last 22. John F. Gibellini | | MOTHER—NAME First Middle Last 23. Ethel Clark | | INSIDE CITY LIMITS (Specify Yes or No) 24. No | |
| DECEASED | DECEASED—NAME (Type or Print) 25. J. Kenny Halstead - Son | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 26. 2301 S. Jefferson Davis Hwy. 0519 Virginia 22202 | | CITY, TOWN, OR LOCATION 27. Las Vegas | |
| | BURIAL, CREMATION, REMOVAL, OTHER (Specify) 28. Cremation | | CEMETERY OR CREMATORY—NAME 29. Palm Crematory | | LOCATION 30. Las Vegas | |
| | FURNERAL DIRECTOR—Name (Type or Print) 31. [REDACTED] | | NAME AND ADDRESS OF FACILITY 32. Palm Mortuary 1325 North Main St. Las Vegas Nevada 89101 | | CITY, TOWN, OR LOCATION 33. Las Vegas | |
| | DATE SIGNED (Month, Day, Year) 34. 5-6-86 | | HOUR OF DEATH 35. 6:50 P.M. | | PHONOUNCED DEAD (Month, Day, Year) 36. ON | |
| CERTIFICATE | NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type or Print) 37. Paul A. Stewart M.D. 2000 Goldring Avenue Las Vegas Nevada | | DATE RECEIVED BY REGISTRAR (Month, Day, Year) 38. MAY 06 1986 | | DEATH DUE TO COMMUNICABLE DISEASE 39. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | SIGNATURE 40. [Signature] | | INTERVAL BETWEEN DEATH AND DEATH 41. 3 days | | INTERVAL BETWEEN DEATH AND DEATH 42. 3 days | |
| | PART I (a) IMMEDIATE CAUSE (Enter only one cause per line for (a) and (b)) 43. Squamous Cell Carcinoma - Lung (April 1983) | | PART I (b) DUE TO OR AS A CONSEQUENCE OF 44. [REDACTED] | | PART I (c) DUE TO OR AS A CONSEQUENCE OF 45. [REDACTED] | |
| | PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 46. [REDACTED] | | AUTOPSY 47. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | CASE REFERRED TO 48. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| CAUSE OF DEATH | AGE, SEX, RACE, HEIGHT, WEIGHT, OR PENDING INVEST (Specify) 49. [REDACTED] | | DATE OF INJURY (Month, Day, Year) 50. [REDACTED] | | HOUR OF INJURY 51. [REDACTED] | |
| | INJURY AT WORK (Specify Yes or No) 52. [REDACTED] | | PLACE OF INJURY—At home, farm, office, factory, etc. (Specify) 53. [REDACTED] | | LOCATION 54. [REDACTED] | |
| | STREET OR R.F.D. NO. 55. [REDACTED] | | CITY OR TOWN 56. [REDACTED] | | STATE 57. [REDACTED] | |
| | [REDACTED] | | [REDACTED] | | [REDACTED] | |

Birth Certificate #21-618

VITAL RECORDS

No. 58719
Laurence J. Mathews

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

Date issued:

APR 07 1987

Deputy Registrar



WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

Book 156, Page 110

RECORDED AT REQUEST OF
Shirley J. Smith
BOOK 156 PAGE 102

87 APR 20 AM 1:19

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
H.N. REBALEATI, RECORDER
FILE NO. 107957
FEE \$ 2.00

BOOK 156 PAGE 111