

AFFIDAVIT TERMINATING JOINT TENANCY

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

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

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

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

13 b. Lots 28 and 29, Block 4;

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

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

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

25 Beginning at the northwest corner of Block 4,  
 26 thence North 17°50'W., 47.27 feet to a point;  
 27 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  
 28 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.

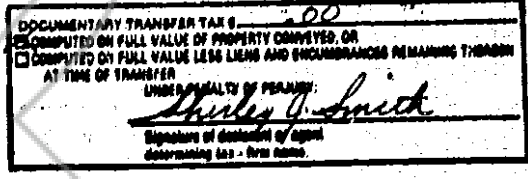
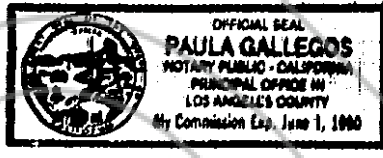
3 That the said Helen Halstead, one of the Grantees named in the  
4 aforesaid Deed, died in the City of Pahrump, County of Nye, State of  
5 Nevada, on May 2, 1986 and is the identical person named as Helen  
6 Halstead in that Certificate of Death, duly certified, and attached  
7 hereto; that said 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 PRINT OR PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Helen Ethela HALSTEAD		DATE OF DEATH (Month, Day, Year) 2. May 2, 1986		STATE FILE NUMBER 6 003172
	CITY, TOWN OR LOCATION OF DEATH 3. Pahrump		HOSPITAL OR OTHER INSTITUTION—(Name if not other, give street and number) 4. East St. Space 6 Comstock Park		COUNTY OF DEATH 5. Nye
DECEDENT	RACE—(e.g. White, Black, American Indian, etc.) (Specify) 6. White		AGE—Last Birthday (Year, Mo., Day) 7. 64		INSIDE CITY LIMITS (Specify Yes or No) 8. No
	SEX 9. Female		DATE OF BIRTH (Mo., Day, Yr.) 10. June 5, 1921		# Hosp. of Nat. Indent. OOA, OP/Emm. Res. Registrar (Specify) 11. 7
# BEAN SECURED BY CERTIFYING PHYSICIAN OR OTHER QUALIFIED PERSON (Specify)	STATE OF BIRTH (If not U.S.A., name country) 12. Nevada		CITIZEN OF WHAT COUNTRY 13. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 14. Divorced
	SOCIAL SECURITY NUMBER 15. [REDACTED]		USUAL OCCUPATION (Give kind or work done during most of working life, even if retired) 16. Secretary		SURVIVING SPOUSE (If wid, give maiden name) 17. R
PARENTS	FATHER—(Name) First Middle Last 18. John F. Gibellini		MOTHER—(Maiden Name) First Middle Last 19. Ethel Clark		RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No) 20. Nevada Nye Pahrump East St. Space 6 Comstock Park No
	INFORMANT—(Name) (Type or Print) 21. J. Kenny Halstead - Son		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 22. 2301 S. Jefferson Davis Hwy. 0519 Virginia 22202		
DEPOSITION	SURRENDER, CREMATION, REMOVAL, OTHER (Specify) 23. Cremation		CEMETERY OR CREMATORY—NAME LOCATION City or Town State 24. Palm Crematory Las Vegas Nevada		
	25. <i>[Signature]</i> 26. Palm Mortuary 1325 North Main St. Las Vegas Nevada 89101				
CERTIFICATE	27. TO the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Paul A. Stewart M.D.</i> DATE SIGNED (Mo., Day, Yr.) 28. 5-6-86		29. 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) <i>Paul A. Stewart M.D.</i> DATE SIGNED (Mo., Day, Yr.) 30. 5-6-86		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 31. Paul A. Stewart M.D. 2000 Goldring Avenue Las Vegas Nevada		23b. ON <input type="checkbox"/> 23c. AT <input type="checkbox"/>		
CONDITIONS IF ANY WHICH HAVE BEEN TO IMMEDIATE CAUSE STATING THE MANNER IN WHICH CAUSE WAS	32. (Signature) <i>Laurence J. Mathews</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 33. MAY 06 1986		DEATH DUE TO COMMUNICABLE DISEASE 34. YES <input type="checkbox"/> NO <input type="checkbox"/>
	35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PLEASE FOR (a) OR (b)) PART I (a) Spontaneous cell carcinoma - lung (April 1982) DUE TO, OR AS A CONSEQUENCE OF: PART II (b) metastatic (locally to adenocarcinoma) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death 36. Days
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not stated as cause given in PART I (a))		AUTOPSY 37. YES <input type="checkbox"/> NO <input type="checkbox"/>		38. CASE REFERRED TO REGISTRAR (Specify Yes or No) 39. Yes
	40. ACC. SURGERY, FOM. UNDET. OR PENDING INVEST (Specify) 41. INJURY AT WORK (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY 42. PLACE OF INJURY—(If home, farm, street, factory, office, building, etc. (Specify)) 43. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE		

Birth Certificate #21-618

VITAL RECORDS

*Laurence J. Mathews*  
No. 58719  
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:

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

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BOOK 156 PAGE 111