

110599

AFFIDAVIT TERMINATING

JOINT TENANCY

STATE OF NEVADA,)
) ss.
COUNTY OF EUREKA.)

JAMES ITHURRALDE, being first duly sworn, deposes and says:

1. That he is the surviving husband of MARY JEAN ITHURRALDE, Deceased and has personal knowledge of all of the facts hereinafter set forth.

2. The aforesaid MARY JEAN ITHURRALDE died in the Town of Eureka, County of Eureka, State of Nevada on August 15, 1986, and at the time of her death was a resident thereof; she is the identical person named in the Certificate of Death, duly certified, marked Exhibit A, attached hereto, and made a part hereof.

3. At the time of MARY JEAN ITHURRALDE's death, she and Affiant owned real property situate in the Town of Eureka, County of Eureka, State of Nevada, as joint tenants with right of survivorship, pursuant to Deed dated the 7th day of August, 1950, between HARRY E. SIEGMANN and THERESA SIEGMANN, his wife, Grantors, unto JAMES ITHURRALDE and MARY JEAN ITHURRALDE, his wife, Grantees; which deed was recorded under File No. 29144 in Book 24 Deed, Page 170, Records, Eureka County Recorder's Office, Eureka, Nevada, on October 2, 1951.

The real property therein described is as follows:

Lots eleven (11), twelve (12) and thirteen (13), in Block Seven (7), according to the official survey of said townsite of Eureka, approved by the United States General Land Office on November 19, 1937.

Together with all buildings and improvements situate on any or all of said lots.

Subject, however, to that certain right-of-way granted to the Bell Telephone Company of Nevada for a strip of land 10 feet in width, through Lots 11 and 12 in Block 7. Said right-of-way being

WILSON AND BARROWS, LTD.
ATTORNEYS AT LAW
P. O. BOX 309
ELKO, NEVADA 89801-0309

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recorded in Book 23 of Deeds, Page 235, Records of Eureka County, Nevada. Reference to said deed is hereby referred to and made a part hereof.

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


TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said parties of the second part, as joint tenants, and not as tenants in common, with right of survivorship, and to the heirs and assigns of such survivor forever.

4. All of MARY JEAN ITHURRALDE's interest in the foregoing real property is vested in Affiant, JAMES ITHURRALDE, surviving joint tenant, as of August 15, 1986, the date of Decedent's death.

5. This Affidavit is made pursuant to NRS 40.470 and NRS 111.365 for the purpose of terminating of record the joint tenancy above described, and vesting the aforesaid right, title and interest of MARY JEAN ITHURRALDE solely in her surviving husband JAMES ITHURRALDE.


JAMES ITHURRALDE

Subscribed and sworn to before
me
this 15 day of August, 1987.


Notary Public

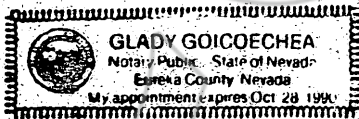


EXHIBIT A

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
	1. DECEASED—NAME Mary Jean ITHURRALDE				2. August 15, 1986	3. Eureka
DECEDENT	4. CITY, TOWN OR LOCATION OF DEATH	3. HOSPITAL OR OTHER INSTITUTION—Name (If not enter, give street and number)			INSIDE CITY LIMITS (Specify Yes or No)	IF FIELD OF VIEW, indicate DCA, GP, Smer, Ins. Requirement (Specify)
	5. Eureka	6. Spring Street			7. Yes	8. 7
IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK, COMPLETE OF RESIDENCE ITEMS	9. RACE—In U.S. Whites, Black, American Indian, etc. (Specify)	10. ETHNIC	11. AGE—Last Birthday (Years)	12. UNDER 1 YEAR MOS - DAYS	13. UNDER 1 DAY	14. DATE OF BIRTH (Mo., Day, Yr.)
	15. White	16. French-Basque	17. 73	18. NEVER MARRIED	19. MARRIED	20. April 7, 1913
RESIDENCE—STATE	21. STATE OF BIRTH (If not U.S.A., name country)	22. CITIZEN OF WHAT COUNTRY	23. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify)	24. SURVIVING SPOUSE (If wife, give maiden name)	25. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
	26. Nevada	27. USA	28. Married	29. James Ithurralde	30. No	
PARENTS	31. SOCIAL SECURITY NUMBER	32. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)	33. KIND OF BUSINESS OR INDUSTRY			
	34. [REDACTED]	35. Housewife	36. 914	37. Own home	38. 961	
DISPOSITION	39. FATHER—NAME First Middle Last	40. MOTHER—MAIDEN NAME First Middle Last	41. CITY, TOWN OR LOCATION	42. STREET AND NUMBER	43. INSIDE CITY LIMITS (Specify Yes or No)	
	44. Jean Goyhenetche	45. Dominique Coscarart	46. Eureka	47. Spring Street	48. Yes	
CERTIFIER	49. INFORMANT—NAME (Type or Print)	50. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	51. Mr. James Ithurralde	52. PO Box 26 Eureka, Nevada 89316				
CAUSE OF DEATH	53. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	54. CEMETERY OR CREMATORY—NAME	55. LOCATION (City or Town, State)			
	56. Burial	57. Catholic Cemetery	58. Eureka, Nevada			
CONDITIONS OF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST	59. FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such)	60. NAME AND ADDRESS OF FACILITY				
	61. <i>[Signature]</i>	62. Wilson-Bates Mortuary 450 Mill Street Ely, Nevada				
CAUSE OF DEATH	63. 21a. On the basis of my personal observation at the time, date and place and due to the condition stated.	64. 22a. On the basis of examination and post-mortem examination death occurred at the time, date and place stated in the certificate.				
	65. DATE SIGNED (Mo., Day, Yr.)	66. HOUR OF DEATH	67. DATE SIGNED (Mo., Day, Yr.)	68. HOUR OF DEATH		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a)	69. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	70. DATE SIGNED (Mo., Day, Yr.)	71. HOUR OF DEATH	72. PRONOUNCED DEAD (Mo., Day, Yr.)	73. PRONOUNCED DEAD (Mo., Day, Yr.)	
	74. Kenneth E. Jones, Eureka County Coroner	75. August 19, 1986	76. 12:25 P.M.	77. August 15, 86	78. 12:25 P.M.	
WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	79. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)	80. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	81. DEATH DUE TO COMMUNICABLE DISEASE			
	82. Kenneth E. Jones, Eureka County Coroner	83. August 19, 1986	84. NO			
WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	85. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1a, b, AND c)					
	86. Myocardial Infarction					
WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	87. PART 1b. DUE TO, OR AS A CONSEQUENCE OF					
	88. Arthero Sclerotic Arterial Disease					
WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	89. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a)	90. AUTOPSY	91. CASE REFERRED TO CORONER (Specify Yes or No)			
	92. 410	93. No	94. Yes			
WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	95. ACCIDENT FROM UNDER OR PENDING INVESTIGATION	96. DATE OF INJURY (Mo., Day, Yr.)	97. HOUR OF INJURY	98. DESCRIBE HOW INJURY OCCURRED		
	99. No	100. 08-15-86	101. 1200 PM	102. Residence		
WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	103. INJURY AT WORK (Specify Yes or No)	104. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	105. LOCATION	106. STREET OR R.F.D. No.	107. CITY OR TOWN	108. STATE
	109. No	110. Residence	111. Spring St.	112. Eureka, NV	113. 89316	



This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date issued: **10/19/1986**

VITAL RECORDS *LD*
By: *Laurence P. Matheson*
Deputy Registrar
No 57031

WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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RECORDED AT THE REQUEST OF
Tim Iturralde
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OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
M.M. REBALCATA RECORDER
FILE NO. 110599
FEE \$ 8.00

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