

112207

AFFIDAVIT TERMINATING JOINT TENANCY

ELVINA SMITH, being the surviving widow of JAMES EDWARD SMITH, aka ED SMITH, being first duly sworn, deposes and says that affiant is over the age of 21 years, and competent to be a witness as to the matters hereinafter stated.

That affiant is the person named as ELVINA SMITH, one of the grantees in that certain Deed of Trust recorded August 16, 1978, as Document No. 65848, in Book 65, at page 235, of Official Records in the office of the County Recorder of Eureka County, State of Nevada, which Deed conveyed that certain real property in the County of Eureka, State of Nevada, more particularly described as follows:

See Exhibit "A" attached hereto and incorporated herein.

SUBJECT to any and all exceptions, reservations, restrictions, restrictive covenants, assessments, easements, and rights of way of record.

TOGETHER WITH any and all improvements situate thereon.

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

That ED SMITH was one of the grantees named in said Deed of Trust, and was the identical person named as JAMES EDWIN SMITH, the decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.

That affiant makes this affidavit for recording, and for the purpose of terminating all right, title, and interest of JAMES EDWARD SMITH, aka ED SMITH, in and to the foregoing described Deed of Trust, and vesting title thereto solely in ELVINA SMITH, as the Grantee under said Deed of Trust.

Elvina Smith  
ELVINA SMITH

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STATE OF NEVADA )  
 ) ss.  
COUNTY OF EUREKA )

On this 1<sup>st</sup> day of September, 1987, personally appeared before me, a Notary Public, ELVINA SMITH, who acknowledged to me that she executed the foregoing instrument.

*Glady L. L. L.*  
NOTARY PUBLIC

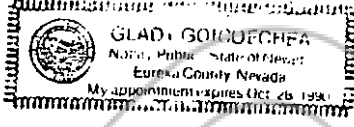


EXHIBIT "A"

All that certain real property situate in the County of Eureka, State of Nevada, more particularly described as follows:

All of Lot Eighteen (18), in Block Seven (7); also the part of Lot Nineteen (19), in Block Seven (7), which is described as follows:

Beginning at the NW Corner of Lot Nineteen (19),

Thence N. 80 Degrees 39 Minutes E. along the North side line of Lot Nineteen (19) to the NE Corner of Lot Nineteen (19),

Thence S. 9 Degrees 21 Minutes E. along the East end line of Lot Nineteen (19), a distance of 14.85 feet,

Thence S. 80 Degrees 39 Minutes W., parallel with the North side line of Lot Nineteen (19) to a point on the West end line of Lot Nineteen (19),

Thence N. 9 Degrees 21 Minutes W., along the West end line of Lot Nineteen (19), a distance of 14.85 feet to the NW Corner of Lot Nineteen (19), the place of beginning, in the Town of Eureka, County of Eureka, State of Nevada, as the same more fully appear from the Official Map now on file in the office of the County Recorder, Eureka County, Nevada.

EXCEPTING THEREFROM all uranium, thorium or any other materials which is or may be determined to be peculiarly essential to the production of fissionable materials in and under said land reserved by the United States of America, in Patent recorded December 19, 1947, in Book 23, Page 226, Deed Records, Eureka County, Nevada.

# 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

25 005009

LOCAL FILE NUMBER		DECEASED—NAME		Sex		Last		DATE OF DEATH Month Day Year		STATE FILE NUMBER	
		James Edwin SMITH		Male				2 August 21, 1985		Eureka	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name of institution, street and number		INSIDE CITY LIMITS (County seat or not)		IF DEATH IN THIS INSTITUTION, GIVE DATE OF ADMISSION (Specify)					
Eureka				INSIDE CITY LIMITS (County seat or not)		7					
RACE—U.S. WHITE, BLACK, AMERICAN INDIAN, OR OTHER		AGE—Last (Specify if under 1 year)		UNDER 1 YEAR		MONTHS		DATE OF BIRTH (Month Day Year)		SEX	
White		80		MONTHS		DAYS		April 12, 1905		Male	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		SURVIVING SPOUSE (If wife, give maiden name; if husband, give full name)		HAS DECEASED EVER IN U.S. ARMED FORCES? (Specify year or years)			
Colorado		USA		Married		Elvina Brown		No			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during week of preceding life, even if retired)		INDUSTRY OR BUSINESS OR AGENCY							
12 -7928		Butcher		Meat Cutting							
RESIDENCE—STATE		CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify year or years)					
Nevada		Eureka		10237 Buel St.		Yes					
FATHER—Name		MOTHER—Name		FATHER—Name		MOTHER—Name					
Alvin Leban Smith		Maude Tracy									
INFORMANT—Name (Type in Print)		MAILING ADDRESS (Street or P.O. Box, City or Town, State, Zip)									
Elvina Smith		P.O. Box 432 Eureka, NV 89316									
BURIAL OR CREMATION, REMOVAL, OTHER		CITY, TOWN OR LOCATION		LOCATION		CITY, TOWN OR LOCATION					
Burial		Eureka County Cemetery		Eureka, Nevada							
FUNERAL DIRECTOR—Name (Type in Print)		NAME AND ADDRESS OF FACILITY									
Burns Funeral Home		P.O. Box 689 Elko, NV 89801									
21a TO THE BEST OF THE INFORMANT'S KNOWLEDGE, ACCIDENT OR OTHER CAUSE AND DATE OF DEATH		22a ON THE DATE OF DISSEMINATION AND OF INVESTIGATION IN THE DEATH REPORTED AS THE CAUSE OF DEATH AND DATE OF THE CHARGE									
Signature and Title: <i>Rodney T. Phillips, M.D.</i>		Signature and Title: <i>Rodney T. Phillips, M.D.</i>									
DATE SIGNED (Month Day Year): <i>8/26/85</i>		DATE SIGNED (Month Day Year): <i>8/26/85</i>									
21b NAME OF ATTENDING PHYSICIAN (If other than certifier, type in Print)		22b PHONOUNCED DEAD (Month Day Year)									
Rodney T. Phillips, M.D. Eureka Medical Clinic, Eureka, NV 89316		22b ON									
21c NAME AND ADDRESS OF CERTIFIER PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type in Print)		22c AT									
Rodney T. Phillips, M.D. Eureka Medical Clinic, Eureka, NV 89316		22c AT									
23 ASSAULT CAUSE (Enter only one cause per line for all 23a and 23b)		24a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
Cardiovascular Arrest											
23b Acute Myocardial Infarction											
24 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not required to cause shown in PART 1 (a)		25 AUTOPSY (Specify if case referred to coroner)									
Atherosclerotic Vascular (Coronary) Disease		25									
26a DATE OF INJURY (Month Day Year)		26b PLACE OF INJURY (If not home, give street, house or building, city, county)									
26a		26b									
26c INJURY AT WORK (Specify Year or Year)		26d STREET OR P.O. BOX, CITY OR TOWN, STATE									
26c		26d									

SEAL  
Affixed

47496

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

Date Issued: AUG 05 1987



RECORDED AT THE REQUEST OF

Franklin Title Company

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87 SEP 25 P2:12

OFFICE OF THE  
CLERK OF THE COURT  
MINNESOTA  
FILE NO. 112207  
FEE \$ 9.00

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