

1 AFFIDAVIT IN RE KENNETH WILLIAM TISSINO, DECEASED2 TERMINATION OF JOINT TENANCY (N.R.S. 111.365)

3 STATE OF OREGON,)
 4 County of Douglas) ss.

5 ELEANOR CONSTANCE TISSINO, being first duly sworn,
 6 deposes and says:

7 That affiant is the wife of KENNETH WILLIAM TISSINO,
 8 Deceased. That Decedent died on the 1st day of June, 1988. That
 9 a certified copy of the Death Certificate is attached hereto as
 10 Exhibit "A".

11 That during the lifetime of said Decedent, an interest
 12 in certain real property was acquired in joint tenancy wherein
 13 KENNETH WILLIAM TISSINO and ELEANOR CONSTANCE TISSINO were
 14 Beneficiaries. That under the laws of the State of Nevada, upon
 15 the death of KENNETH WILLIAM TISSINO, the title and ownership of
 16 said interest in real property became vested in ELEANOR CONSTANCE
 17 TISSINO as the surviving joint tenant. That said interest in
 18 real property was acquired by a Deed of Trust dated June 3, 1985,
 19 wherein DAVID M. RUBIO and SALLY R. RUBIO were the Trustors, and
 20 KENNETH WILLIAM TISSINO and ELEANOR CONSTANCE TISSINO were the
 21 Beneficiaries.

22 That said Deed of Trust was recorded in Book 136, Page
 23 198-201, Eureka County Records.

24 That the interest in real property conveyed therein, in
 25 joint tenancy, is more particularly described as follows, to-wit:

26 TOWNSHIP 20 NORTH, RANGE 53 EAST, M.D.B. &M.

27 Section 29: Parcel No. 7 of Lots 9 and 10, as
 28 shown on Parcel Map and Record of
 29 Survey filed in the office of the
 Eureka County Recorder, on August
 29, 1979, as File No. 69399.

30 EXCEPTING THEREFROM all the oil and gas in said
 31 land as reserved by patent from the United States
 32 of America, recorded March 21, 1966, in Book 10,
 Page 205, of Official Records, Eureka County,
 Nevada.

LAW OFFICES
 GARY D. FAIRMAN
 A PROFESSIONAL CORPORATION
 787 AVENUE G, P. O. BOX 8
 ELY, NEVADA 89301
 (702) 289-4422

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TOGETHER WITH Water Permit No. 35418 and all water rights appurtenant to the within described property.

TOGETHER WITH a one-third use of the well located on Lot 16, Section 29, Township 20 North, Range 53 East, M.D.B. &M. and thirty foot easement as conveyed in that certain Easement Deed dated February 12, 1980 between Byron L. Harris and Uva Harris as Grantors and Chester D. Heas and Colleen Hess as Grantees, recorded May 12, 1981, in Book 94, Page 426, as File No. 80343, Official Records, Eureka County, NV.

That by reason of the foregoing, affiant hereby declares that the title and interest of KENNETH WILLIAM TISSINO, Deceased, in the above described interest in real property has vested in ELEANOR CONSTANCE TISSINO, in fee simple, and that ELEANOR CONSTANCE TISSINO is the sole and absolute owner thereof, together with the tenements, hereditaments, and appurtenances, thrcunto belonging or appertaining, and the reversion and re-versions, remainder and remainders, rents, issues and profits thereof.

Eleanor Constance TISSINO
ELEANOR CONSTANCE TISSINO

Subscribed and sworn to before me this 21st day of July, 1988.

Douglas I. Hopkins
NOTARY PUBLIC FOR OREGON
My commission expires: 9-3-90.



LAW OFFICES
GARY D. FAIRMAN
ATTORNEY AT LAW
787 AVENUE G, P.O. BOX 8
ELY, NEVADA 89301
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224973
1.0 DOG NO.
351-1
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

136

State File Number

| | | | | | |
|---|--|---|--|---|--|
| 1. DECEASED'S NAME Kenneth William TISSINO | | 2. SEX M | | 3. DATE OF BIRTH (Month, Day, Year) June 1, 1988 | |
| 4. SOCIAL SECURITY NUMBER [REDACTED] | | 5. AGE, Last Birthday (Years) 72 | | 6. UNDER 1 YEAR Males (Days) / Females (Days) | |
| 7. PLACE OF BIRTH (City and State if foreign) Sheridan, Wyoming | | 8. DATE OF DEATH (Month, Day, Year) September 22, 1919 | | | |
| 9. FACILITY NAME (If not permanent, give date and number) Rosehaven Care Center | | | | | |
| 10. DECEASED'S USUAL OCCUPATION (Date and if death during period of working (Do not use retired)) Pe-Si Furnace Operator | | 11. MARITAL STATUS (Married, Widowed, Divorced, Single) Married | | 12. SPOUSE (If married, deceased) Eleanor C. | |
| 13. RESIDENCE - STREET Oregon Douglas | | 13. CITY, TOWN, OR LOCATION Sutherlin | | 13. STREET AND NUMBER 1200 E. Central Avenue #105 | |
| 14. DECEASED'S RESIDENCE (Specify No. of this - if per family, District, Municipality, Puerto Rican, etc.) 97479 | | 15. RACE (American Indian, Black, White, etc.) White | | 16. DECEASED'S EDUCATION (Specify only highest grade completed) 8 | |
| 17. DECEASED'S SEX (Male or Female) Male | | 18. BROTHER - NAME AND BIRTH DATE Hilda - Blake | | 19. SPOUSANT - NAME and relationship to deceased Colleen Hess - Daughter | |
| 20. PLACE OF DEPOSITION (Place of death, cemetery, etc.) Roseburg Memorial Gardens | | 21. PLACE OF DEPOSITION (Name of cemetery, containing lot and grave) Roseburg, Oregon | | | |
| 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON IN CHARGE AT BURIAL William B. Hunter | | 23. LICENSE NUMBER (If Licensee) 3272 | | 24. NAME, ADDRESS AND ZIP OF FACILITY Long & Shukle Chapel, P.O. Box 477 Roseburg, Oregon 97470 | |
| 25. TIME OF DEATH 12:00 noon | | | | | |
| 26. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 27. DATE SIGNED (Month, Day, Year) June 3, 1988 | | | | | |
| 28. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Name of Firm) John D. Sprad, M.D. 668 W. Garden Valley Blvd., Roseburg, OR 97470 | | | | | |
| 29. NAME OF REGISTERING PHYSICIAN OR OTHER THAN CERTIFIER (Name of Firm) | | | | | |
| 30. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter cause of death if a Contagious or Reportable Disease) | | | | | |
| 31. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 32. MANNER OF DEATH <input type="checkbox"/> Poison <input type="checkbox"/> Hanging <input type="checkbox"/> Suffocation <input type="checkbox"/> Suffocation <input type="checkbox"/> Under natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accidental | | | | | |
| 33. PLACE OF BURIAL - At home, farm, street, cemetery, office building, etc. (Specify) | | | | | |
| 34. LOCATION (Street and Number, or Rural Route Number, City or Town, State) | | | | | |
| 35. REGISTERAR'S SIGNATURE Lorana Clark | | | | | |
| 36. AS DATED (Month, Day, Year) June 3, 1988 | | | | | |
| 37. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | | | | | |
| 38. REQUIRED FOR REGISTERAR'S USE | | | | | |

STATE OF OREGON) ORIGINAL - VITAL STATISTICS COPY
COUNTY OF DOUGLAS) SS. Date of Issue **June 3, 1988**

This certifies that the foregoing is a correct and complete transcript of a record on file with the Douglas County Health Department.

SEAL
SEA Affixed

PETER C. MULDER
Registrar of Vital Records for
Douglas County, Oregon
By **Lorana Clark**
Deputy Registrar

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COPY

RECORDED AT THE REQUEST OF
Walton, Nelson, Walker, Johnson
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OFFICIAL RECORDS
EUROPA COUNTY, NEVADA
M.N. RECORDS & TITLE RECORDER
FILE NO. 120368 FEE \$ 8.00

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