132191

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA) : SS. COUNTY OF ELKO)

WILLIAM J. TATUM, being first duly sworn, deposes and says:

That he is one of the surviving joint tenants of the property
described and granted in the following Deed:

That certain Deed dated November 7, 1989, and recorded in Book 205 of Official Records, Page 515, Office of the Eureka County Recorder, Eureka, Nevada, on November 9, 1989, wherein ANNA TATUM, a widow, and WILLIAM J. TATUM, a single man, are the Grantors, and ANNA TATUM, a widow, WILLIAM J. TATUM, a single man, and MORRIS C. TATUM, a single man, are the Grantees, as joint tenants with right of survivorship, of the following described real property situate in the County of Eureka, State of Nevada:

The E½ of the S½ of the SE½ of the SW½ of Section 33, Township 30 North, Range 48 East, MDB&M., as per government survey. Approx. 10 acres more or less.

SUBJECT TO all prior reservations, restrictions, easements and rights-of-way of record.

TOGETHER with any and all buildings and improvements situate thereon.

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

That ANNA TATUM, named as one of the Grantees in the above mentioned Deed, died on March 21, 1990, at Elko, Nevada, and is the same person as ANNA FRIEDA TATUM named in the certified copy of the Certificate of Death attached hereto as Exhibit "A", which Exhibit is

-1-

ROSS P. EARDLEY
ATTORNEY AT LAW
469 IDAHO STREET - P. O. BOX 391
ELKU. NEVADA 09801

A service of the serv

800K209 PAGE590

hereby referred to and incorporated herein as though set forth in full.

That by reason of the death of ANNA TATUM, the title to the above described property is now vested in WILLIAM J. TATUM, a single man, and MORRIS C. TATUM, a single man, as surviving joint tenants.

DATED: 4/25/90 , 1990.

William J. TATUM

STATE OF NEVADA)
: SS
COUNTY OF ELKO)

Subscribed and sworn to this 25 day of 1990, by WILLIAM J. TATUM, who personally appeared before me, a notary public, and who is personally known (or proved) to me to be the person whose name is subscribed to the above instrument, and acknowledged that he executed the instrument.

ROSS P. EARDLEY
HOTARY FOULD, STATE OF NEVADA
FROM COURTLY
FROM TORREST TORREST
FROM THE STATE OF THE STATE O

NOTARY PUBLIC

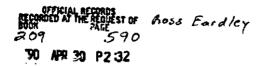
APN 5-240-15

EPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS



. [19,452 (32)		CERTIFICA	TE OF DEA	ATH .	"	/
TYPE	LOCAL FILE MANBER DECEASED ANNE FINE	limite			DATE OF DEATH (MOND)	No. Vina	TATE FLE HLAINER
OR PAINT IN PERMANENT						•	II. II. I
BLACK BOX	1. Anna City, town, or cocation of be	Frieda ATH THOSPITALORO	TATE		March 21.	1990	OP/Emme SEX
	m Elko		_		Am in Se.	or Inst. indicate DQA, patient (Specify)	
DECEDENT	RACE—(v.g., White, Black, American Indian, stc) (Specify)	Was Decedent of Hispania	iot Springs R : Ongin? Epecify Diyes Dina herte Rican, etc.	H ves. AGE-Last		UNITED TO	ATE OF BRITH (Ma., Day, Yr.)
İ	indian, etch (Specify) B. White		veno Rican, etc.	H yee. AGE—Last Bartelay (Ye 7s. 73	MOS DAYE	HUURS MAS	\ .\
FDEATN	STATE OF BIRTH (If not U.S.A., name country)	DO CHARLOS WHATCO	UNITAY Decedent's Educat				February 9, 1917
OCCUPRED IN HIGH TURNER SEE HANDBOOK FREGARDING COMPLETION OF	(M not U.S.A., name country) Se. California	. USA	grade completed.		(Speedy) Widowed	,	
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER		10. 1 & C (Give Kind of Work Done Or Referred)		KIND OF BUSINESS OF	WIDUSTRY	_
COMPLETION OF RESIDENCE ITEMS	tā.	Working Life, Even if I	www. Nurses Aid	-	100	19 Ноте	_ \ \
	RESIDENCE-STATE C	OUNTY	CITY, TOWN, OR LO	CATION	STREET AND I		INSIDE CITY LIMITS (Specify Ties or May
-> {	154 Nevada 18	» Elko	ise. Elko		15017 17	ot Springs	
	FATHER-NAME FEM	Mode	Last	MOTHER-MAKE		Mide	Last
PARENTS	it John		Zillich	17.	Dora		Hackbarth
	INFORMANT—NAME (Type or Print)		MAKING ADD	100		City or Town, State, 25	
	www. William J. Ta	†11 <i>0</i> 3	In 86	. Box 825	796		
	BURUL, CREMATION, REMOVAL, C		ETERY OR CREMATORY-N	. DOX 023	Elko, Neva		Yours State
	™ Cremation	190.	Sunset Cre	matoru	190	Elko	Nevada
DISPOSITION	FUNERAL DIRECTOR-SIGNATURE	FUNI	FAL DIFFECTOR NAME A	HO ADDRESS OF FA		DIAU	89801
Ļ	FUNERAL DIRECTOR—SIGNATURE (OF Person Acting to Such)	d. 200	7 20c. But	rns Funer	al Home. In	· PO Ro	x 689 Elko, NV
	2 21a. To the best of my tolonger	ige, denth occurred at the ene		1 2	2x On the basis of stamous	Ann and the Investment	a so my openion deeth porcumed
i	Signature and Title! >	•	- N - 1	5 , ,	al the time, date and plants Signature and Title:	CO POO GUE 10 DO COU	n, or my opinion described.
1	DATE SIGNED (Mo., Day,	YY) HOUR O	FDEATH	- I S	ATE SIGNED (No . Day, Y	HOURG	€ AEAH
OF THE PARTY OF TH	21b.	21c.	- N	\$€ 2	a 2 20 00	48	
CERTIFIER	AR NAME OF ATTENDING PI	HYSICIAN IF OTHER THAN C	ERTIFIER (Type or Print)	128 -	20 3-30-90 PRONOUNCED DEAD (MA.,	Chay, Pr.J PRONON	OO A M
- 1	F-E			· FN	w 69 .21 nn		7:00 A.M.
Į.	NAME AND ADDRESS OF	F CERTIFIER (PHYSICIAL), AT	TEHDING PHYSICUM, MED	KAL EXAMINER, CA	COMONER), (Type or Pres) 222 61	UCENSE HUMBER
Ļ	za William (Z. Webb, Ex-C	fficio Coron	er Elko C	ounty Nev	89801	za.
CONDITIONS	REGISTRAR	9 12.	CATE	ECEIVED BY REGIS	TRAPINE, Day, Yr.) DEA	TH DUE TO COMMUN	CABLE DISEASE
CONDITIONS IF ANY WHICH GAVE RISE TO		unuf (Deput		pril 3, 1	990	YES 🖸 MO∰	
MAEDIATE CAUSE	25. UMMEDIATE CAUSE TENTE	ONLY ONE CAUSE PER UI	IE FOR (a). (b). AND (c).)		1 1	:	plantal between onsel and death
MINEDIATE CAUSE STATING THE UNDERLYING	PART (4) CANCEL	of the Breast	7	N		N	Months
CAUSE LAST	OUE TO, OR AS A CO	NISEQUENCE OF:	The same of the sa	N	- N	The same of the sa	mierval between ones, and death
احا	<u> 191</u>			<u> \</u>		7%	
-1	DUE TO, OR AS A CO	PHSEQUENCE OF:	\ \	\ \	1	7	interval between proset and death .
CAUSE OF	(e)						
DEATH	PART. OTHER SIGNPADART CO.	EXTIONS—Conditions contribu	ting to death but not resulting	n Die underfrag beite			AS CASE REFERRED TO OROMER (Specify Yes or No.)
	ACC ANGOS HOLE HIDEY TO	·	HOUR OF INJURY		l*nc	2	yes
	ACC. SUICIDE HOW, UNDET., EL OH PENDING INVEST. (Specify)			DESCRIBE HOW HU!	URY OCCUPAED		
	2764	IO. LACE OF IMJURY—At home, to		IDCATION.	STREET ON R.F.D. No.	Cuty (IR.)	OWN STATE
1	(Specify Yes or No)	building, #	C (Specify)	1 1	STREET ON RED 190	CALL CALL	OWN SINE
`		ж.		299.			
	_ \	N.		المسمواة	/	No.i	214042
and the same of th		N .	STATE RE	GISTHAN		2	
	- N	The Parket		/	1/260	(100	14042
1000000	This is to cert	ify that the above is	s true and correct (ору 🥖 Ву:	J 7	_,	
	of the certifica	ite on file in this off	TOD OO soo		// //		
		ify that the above is the on file in this off			Daputy	Registrar	自
	Dete lesued:		** K 03 199(Deputy	Registrar de bla 200 de	
						Registrar	
		WARNING IT IS		OR COPY TH	ම ිට ්ට ව	Registrar	

Box 209 Page 592



EURENA COUNTY, NE VADA.
M.M. REBALEATI, RECORDER
FRE NO, FEE \$ 2,00

132191

BOOK 209 PAGE 593