

AFFIDAVIT TERMINATING JOINT TENANCY

133403

EARL EDGAR, being first duly sworn, deposes and says:

That he is the surviving joint tenant named in that

certain deed of trust being Earl Edgar and Delores Edgar, husband and wife, as joint tenants, as Beneficiaries; said deed of trust being executed by

Gregory Fox and Victoria Fox, husband and wife, as Trustees to Jack E. Hull, Trustee; that certain real property situate in Eureka County,

described as follows, to-wit:

W 1/2 of E 1/2 of Section 31, Township 31 North, Range 50 East, M.D.B. & M, containing 160 acres

which deed of trust is dated May 31, 1977, and recorded as Document No. 63199, in Book 60, Page 89, Official Records of Eureka

County, Nevada.

That DELORES EDGAR died on the 10th day of October,

1980, in the city of Elko, county of Elko, state of Nevada; that a

full, true and correct copy of the certificate of Death of said

DELORES EDGAR is attached hereto, marked Exhibit "A" and by this

reference made a part hereof; that the person named in said

Certificate of Death of DELORES EDGAR is the identical person

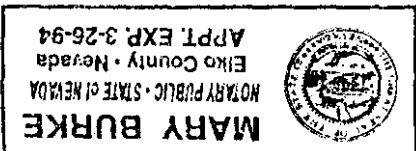
named in the aforesaid deed of trust.

EARL EDGAR

SUBSCRIBED and SWORN to before me this 5th day of

September, 1990.

Notary Public



BOOK 213 PAGE 398

LAW OFFICES OF
BRADLEY & DRENDEL
401 FLINT STREET
RENO, NEVADA
329-2273

OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
BOOK 213 PAGE 399
First American
'90 SEP -7 AM:16
Title Co.
EUREKA COUNTY REC'D
M.N. REBALANCE REQUIRED
FILE NO. FEE \$6-

133403

045321



John H. Carr, M.D.
STATE REGISTRAR

DATE ISSUED: OCT 24 1980

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



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

DECEASED - NAME First Middle Last DELORES EDGAR		DATE OF DEATH (Month, Day, Year) October 10, 1980		COUNTY OF DEATH Elko	
CITY, TOWN, OR LOCATION OF DEATH Elko		HOSPITAL OR OTHER INSTITUTION (Name, if not in grade, open street and number) Elko General Hospital		If there is not an official certificate, then, hospital (if any)	
RACE - (e.g., White, Black, American Indian, etc.) (Specify) White		AGE - Last Birthday (Years) Months Days 63 6 3		SEX Female	
STATE OF BIRTH Missouri		CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		STREET AND NUMBER Own Home	
RESIDENT - STATE Nevada		CITY, TOWN OR LOCATION Elko		STREET AND NUMBER 760 Kalbas # 12	
FATHER - NAME First Middle Last George F. Bard		MOTHER - NAME First Middle Last Bessie Walte		MARRIAGE - ALICE SS (Specify date if No. City or Town, State, Zip) P.O. Box 889 Elko, Nevada 89801	
BURIAL, CREMATION, REMOVAL (Other if specify) Removal		CEMETERY OR CREMATORY - NAME Forest Lawn Cemetery		CITY OR TOWN Glendale California	
FUNERAL DIRECTOR - SIGNATURE (If not acting as such) James B. Hord		NAME AND ADDRESS OF FACILITY Burns Funeral Home Inc., P.O. Box 689 Elko, Nevada 89801		22a 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	
DATE SIGNED (Mo., Day, Yr.) October 13, 1980		HOUR OF DEATH 3:30 p.m.		22b TO A CORPSE BY MEDICAL EXAMINER OR CORONER ONLY DATE SIGNED (Mo., Day, Yr.) Pronounced DEAD (How) Hour of Death	
NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type or Print) Thomas K. Hood, M.D., 762-14th Street, Elko, Nevada 89801		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 13, 1980		25 IMMEDIATE CAUSE (WITH ONLY ONE CAUSE PRINTED FOR (a), (b), AND (c)) (a) Inanition (b) Carcinomatosis (c) Inflammatory carcinoma of breast	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) Interval between onset and death 1 months Interval between onset and death 4 months Interval between onset and death 28 months		26 AUTOPSY No		27 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) No	
28a DATE OF INQUIRY (Mo., Day, Yr.) M 28a		28b PLACE OF INQUIRY - At home, farm, street, factory, office, building, etc. (Specify) M 28b		28c CITY OR TOWN STATE	

CERTIFICATE OF DEATH

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

5,259
122

STATE OF NEVADA