133403

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA,)
: ss.
County of Elko.)

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 Trustors 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
EARL EDGAR

SUBSCRIBED and SWORN to before me this 5th day of September, 1990.

Mary Burke
Notary Public

MARY BURKE
NOTARY PUBLIC • STATE of NEVADA
Elko County • Nevada
APPT. EXP. 3-26-94

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

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

5,259 122
LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEASED—NAME First: DELORES	Middle:	Last: EDGAR	2. DATE OF DEATH (Month, Day, Year): October 10,1980
3a. COUNTY OF DEATH: Elko	3b. CITY, TOWN, OR LOCATION OF DEATH: Elko	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): Elko General Hospital	3d. If Dead on Arrival, Inpatient, or Outpatient (Specify): Inpatient
4a. RACE—(e.g., White, Black, American Indian, etc.) (Specify): White	4b. ETHNIC:	5a. AGE—Last Birthday (Years): 63	5b. UNDER 1 YEAR MOS. DAYS:	5c. UNDER 1 DAY HOURS. MINS.:	6. DATE OF BIRTH (Mo., Day, Yr.): May 10,1917	SEX: Female
8. STATE OF BIRTH (If not U.S.A., name country): Missouri	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Earl Edgar	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: [redacted]	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Housewife	14b. KIND OF BUSINESS OR INDUSTRY: Own Home		
15a. RESIDENCE—STATE: Nevada	15b. COUNTY: Elko	15c. CITY, TOWN, OR LOCATION: Elko	15d. STREET AND NUMBER: 760 Rahas # 12	15e. INSIDE CITY LIMITS (Specify Yes or No): Yes
16. FATHER—NAME First: George	Middle: F.	Last: Bard	17. MOTHER—MAIDEN NAME First: Bessie	Middle:	Last: Waite
18a. INFORMANT—NAME (Type or Print): Mr. Earl Edgar	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): P.O.Box 889 Elko,Nevada 89801			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Removal	19b. CEMETERY OR CREMATORY—NAME: Forest Lawn Cemetery	19c. LOCATION City or Town: Glendale	State: California	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): Joseph A Polyak	20b. NAME AND ADDRESS OF FACILITY: Burns Funeral Home Inc., P.O.Box 689 Elko,Nevada 89801			

To be Completed by CERTIFYING PHYSICIAN Only

21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
(Signature and Title): Thomas K Hood
21b. DATE SIGNED (Mo., Day, Yr.): October 13, 1980
21c. HOUR OF DEATH: 3:30 p.m.
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be completed by MEDICAL EXAMINER or Coroner Only

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
(Signature and Title):
22b. DATE SIGNED (Mo., Day, Yr.):
22c. HOUR OF DEATH:
22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON:
22e. PRONOUNCED DEAD (Hour) AT:

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Thomas K. Hood, M.D. 762-14th Street, Elko, Nevada 89801

24a. REGISTRAR (Signature): Eleanor A. Ormond, Deputy
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): October 13, 1980

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

		Interval between onset and death
(a)	Inanition	1 months
DUE TO, OR AS A CONSEQUENCE OF: (b)	Carcinomatosis	4 months
DUE TO, OR AS A CONSEQUENCE OF: (c)	Inflammatory carinoma of breast	28 months

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a):

26. AUTOPSY (Specify Yes or No): No
27. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): No

28a. ACCIDENT, SUICIDE, HOMICIDE OR PENDING INVEST. (Specify):	28b. DATE OF INJURY (Mo., Day, Yr.):	28c. HOUR OF INJURY:	28d. DESCRIBE HOW INJURY OCCURRED:
28e. INJURY AT WORK (Specify Yes or No):	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):	28g. LOCATION STREET OR R.F.D. No.	CITY OR TOWN	STATE

No. 18064

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

Date Issued: OCT 2 [illegible]

John H. Carr, M.D.
John H. Carr, M.D.
STATE REGISTRAR

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

SECURITY COLUMBIAN — UNITED STATES BANKNOTE CORPORATION

045321

OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
BOOK 213 PAGE 398
'90 SEP -7 A10:16
First American Title Co.
EUREKA COUNTY, NEVADA
M.N. REBALATI, RECORDER
FILE NO. 133403
FEE 5.00

BOOK 213 PAGE 399