

141992

AFFIDAVIT FOR TERMINATION
OF JOINT TENANCY

STATE OF NEVADA)
 : ss.
COUNTY OF EUREKA)

Pierre Leonard Estella of Eureka, Nevada being first duly sworn, deposes and says: That Duane C. Estella died on March 29, 1991, at Ely, Nevada, a copy of the death certificate is hereto attached and made a part of this affidavit; that Pierre Leonard Estella of Eureka, Nevada, is the surviving joint tenant in the following described real property situated in the town of Eureka, Nevada.

Lot 14 of Block 7, a portion of Lot 15 of Block 7,
of the townsite of Eureka, Nevada with house situated thereon, as shown on the official records of Eureka, Nevada.

That said real property should now vest in the surviving joint tenant Pierre Leonard Estella.

Dated this 17th of August, 1992.

Pierre Leonard Estella
PIERRE LEONARD ESTELLA

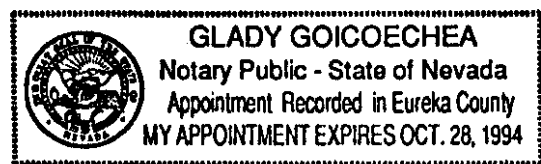
STATE OF NEVADA)
 : ss.
COUNTY OF EUREKA)

Pierre Leonard Estella being first duly sworn, deposes and says that he has read the within and foregoing affidavit and that the same is true of his own knowledge.

Pierre Leonard Estella
PIERRE LEONARD ESTELLA

SUBSCRIBED AND SWORN to before me this 17th day of August, 1992.

Gladys Goicoechea
NOTARY PUBLIC



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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

#22-91

LOCAL FILE NUMBER

TYPE
OR PRINT
IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

DECEASED—NAME First Middle Last 1. Duane Charles Estella		DATE OF DEATH (Month, Day, Year) 2. March 29, 1991		STATE FILE NUMBER 3a. White Pine	
CITY, TOWN, OR LOCATION OF DEATH 3b. Ely		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. William Bee Ririe Hospital		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) 3d. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 68	
STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada		CITIZEN OF WHAT COUNTRY? 9b. USA		Decedent's Education: Specify: highest grade completed. 10. 12 Years	
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Miner		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Never Married	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Eureka		CITY, TOWN, OR LOCATION 15c. Eureka	
FATHER—NAME First Middle Last 16. Charles Francis Estella		MOTHER—MAIDEN NAME First Middle Last 17. Theresa Lani		STREET AND NUMBER 15d. Spring Street	
INFORMANT—NAME (Type or Print) 18a. Pierre Estella		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 62			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Catholic Cemetery		LOCATION City or Town State 19c. Eureka Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 11		NAME AND ADDRESS OF FACILITY 20c. Wilson Bates Mortuary 450 Mill Street, P.O. Box 367, Ely, Nv 89301	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. 4/4/91		22a. On the basis of examination and/or investigation, in my opinion death occurred at this time, date and place and due to the cause(s) and manner stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b. [Blank]		HOUR OF DEATH 21c. 4:15 PM 22c. [Blank]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Bruce W. Wilkin, M.D. 1500 Avenue F Ely, Nevada 89301		22d. ON		22e. AT	
REGISTRAR 24a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 4, 1991		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Renal carcinoma with metastasis DUE TO, OR AS A CONSEQUENCE OF: (b) [Blank] DUE TO, OR AS A CONSEQUENCE OF: (c) [Blank]		Interval between onset and death Interval between onset and death Interval between onset and death		AUTOPSY (Specify Yes or No) 26. No	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. 28a. [Blank]		DATE OF INJURY (Mo., Day, Yr.) 28b. [Blank]		HOUR OF INJURY 28c. M	
ACC. SUICIDE HOM. UNDET. OR PENDING INVEST (Specify) 28a. [Blank]		DATE OF INJURY (Mo., Day, Yr.) 28b. [Blank]		HOUR OF INJURY 28c. M	
INJURY AT WORK (Specify Yes or No) 28e. [Blank]		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. [Blank]		LOCATION STREET OR R.F.D. No. CITY OR TOWN. STATE 28g. [Blank]	

STATE REGISTRAR

No. 024821

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

Date issued: APR 24 1991

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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BOOK 237 PAGE 580
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Pierre Estella
'92 AUG 17 AM 50

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 141992 FEE \$ 7.00

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