

AFFIDAVIT TERMINATING JOINT TENANCY

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STATE OF NEVADA )  
                          ) ss.  
COUNTY OF EUREKA )

JUDITH DePAOLI being first duly sworn, deposes and says:

1. That I am the wife of the deceased joint tenant, TONY DePAOLI.

2. That on July 12, 19<sup>74</sup>~~91~~, a JOINT TENANCY DEED was created wherein TONY DePAOLI and JUDITH DePAOLI became joint tenants to the below described property as evidenced by book 48 pages 531, 532 of the book of deeds, records of Eureka County, State of Nevada.

3. That a description of the property is contained in the Joint Tenancy Deed which is attached and incorporated by reference into this document as Exhibit 1.

4. That the deceased joint tenant spouse, TONY DePAOLI, died on June 22, 1991, in Washoe County as evidenced by a certified copy of the certificate of death which is attached as Exhibit 2 and incorporated by reference into this document.

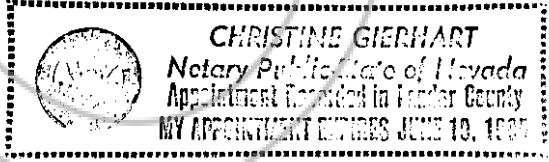
I JUDITH DePAOLI, do hereby swear under penalty of perjury that the assertions of this Affidavit are true.

DATED: This 14th day of May, 1992.

*Judith DePaoli*  
\_\_\_\_\_  
JUDITH DePAOLI

Subscribed and sworn to before me this 14 day of May, 1992.

*Christine Gierhart*  
\_\_\_\_\_  
NOTARY PUBLIC



BOOK 238 PAGE 06

58781

JOINT TENANCY DEED

THIS INDENTURE, made and entered into this 22<sup>nd</sup> day of July, 1974,  
by and between TONY DEPAOLI and JUDITH DEPAOLI, his wife, of the Town of  
Eureka, County of Eureka, State of Nevada, First Parties, and TONY DEPAOLI  
and JUDITH DEPAOLI, his wife, of the same place, Second Parties,

WITNESSETH:

That the said First Parties, for and in consideration of the sum of  
TEN DOLLARS (\$10.00), lawful money of the United States, to them in hand  
paid by the said Second Parties, the receipt whereof is hereby acknowledged,  
do by these presents grant, bargain, sell and convey unto the said Second  
Parties, as joint tenants with right of survivorship, and not as tenants in  
common, and to the assigns of said Second Parties, and to the survivor of  
them, and to the heirs, executors, administrators and assigns of the survivor,  
all that certain real property situate in the County of Eureka, State of Nevada,  
and more particularly described as follows, to-wit:

All of Lots 6, 7, 8 and 9 in Block 23 of the Town  
of Eureka, State of Nevada, as the same are des-  
cribed on the Official Plat of the Town of Eureka,  
on file in the office of the County Recorder of  
Eureka County, Nevada,

All their undivided one-half interest in Lot 3 in  
Block 23 of the Town of Eureka, State of Nevada, as  
the same is described on the Official Plat of the  
Town of Eureka, on file in the office of the County  
Recorder of Eureka County, Nevada.

TOGETHER WITH ANY AND ALL BUILDINGS AND IMPROVEMENTS  
situate on the above parcels.

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

TO HAVE AND TO HOLD, all and singular, the above described premises,  
together with the appurtenances, unto the said Second Parties, as joint  
tenants and not as tenants in common, and to the survivor of them, and to  
the heirs, executors, administrators and assigns of the survivor forever.

IN WITNESS WHEREOF, the said First Parties have hereunto set their hands

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- Exhibit # 1 -

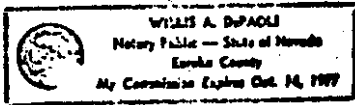
as of the day and year first hereinabove written.

Tony DePaoli  
TONY DEPAOLI

Judith DePaoli  
JUDITH DEPAOLI

STATE OF NEVADA }  
COUNTY OF EUREKA } ss.

On July 12<sup>th</sup>, 1974, personally appeared before me, a Notary Public,  
TONY DEPAOLI and JUDITH DEPAOLI, his wife, who acknowledged to me that they  
executed the above instrument.



Wiles A. DePaoli  
NOTARY PUBLIC

RECORDED AT THE REQUEST OF Tony DePaoli  
on July 12, 1974 at 30 min. past 3 P. M. @  
Book 48 of OFFICIAL RECORDS, page 531-532, RECORDS OF  
EUREKA COUNTY, NEVADA. Wiles A. DePaoli Recorder  
No. 58781 Fee \$ 4.00

FILE NO. 58781

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BOOK 238 PAGE 108



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS  
Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

ROLL 73 IMAGE 776

LOCAL FILE NUMBER 1191

STATE 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 <b>Tony John DePAOLI</b>		DATE OF DEATH (Month, Day, Year) <b>June 22, 1991</b>		COUNTY OF DEATH <b>Washoe</b>
CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) <b>St. Marys Regional Medical Center</b>		SEX <b>Male</b>
RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes	AGE—Last Birthday (Years) <b>7a. 87</b>	UNDER 1 YEAR MOS : DAYS <b>7b. :</b>
STATE OF BIRTH (if not U.S.A., name country) <b>Nevada</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	Decedent's Education, Specify Highest Grad Completed <b>High School</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Maintenance</b>	KIND OF BUSINESS OR INDUSTRY <b>State of Nevada</b>	
RESIDENCE—STATE <b>15a. Nevada</b>	COUNTY <b>15b. Eureka</b>	CITY, TOWN, OR LOCATION <b>Eureka</b>	STREET AND NUMBER <b>15d. Main Street</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>15e. Yes</b>
FATHER—NAME First Middle Last <b>16. John DePaoli</b>		MOTHER—MAIDEN NAME First Middle Last <b>Linda Cadinalli</b>		
INFORMANT—NAME (Type or Print) <b>18a. Reginald DePaoli</b>				
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 204 Battle Mountain, Nevada 89820</b>				
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Burial</b>		CEMETERY OR CREMATORY NAME <b>19b. Eureka Catholic Cemetery</b>		LOCATION City or Town State <b>19c. Eureka Nevada</b>
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER <b>20a. 16</b>		
NAME AND ADDRESS OF FACILITY <b>Walton Funeral Home</b>		NAME AND ADDRESS OF FACILITY <b>20c. 1873 West Second Street Reno, Nevada 89503</b>		
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) <i>[Signature]</i>		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) and manner stated. (Signature and Title) <i>[Signature]</i>		
DATE SIGNED (Mo., Day, Yr.) <b>21b. 6-24-91</b>		HOUR OF DEATH <b>21c. 1315</b>		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>21d. [REDACTED]</b>		PRONOUNCED DEAD (Mo., Day, Yr.) <b>22d. ON</b>		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.) <b>23a. Thomas E. Rembetski, M. D., 75 Pringle Way, Reno, NV. 89502</b>		LICENSE NUMBER <b>23b. 5964</b>		
REGISTRAR <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>24b. June 24, 1991</b>		DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
PART I (a) <b>CARDIOPULMONARY FAILURE</b> DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death	
(b) <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				
PART II <b>GANGRENE OF RIGHT LEG</b>			AUTOPSY (Specify Yes or No) <b>26. No</b>	
WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>27. No</b>				
ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>	DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>	HOUR OF INJURY <b>28c. 10 M</b>	DESCRIBE HOW INJURY OCCURRED <b>28d.</b>	
INJURY AT WORK (Specify Yes or No) <b>28e.</b>		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>	LOCATION <b>28g.</b>	STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR

No. 029472

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

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

Exhibit # 2

BOOK 238 PAGE 109

PROXY

THIS CERTIFIED COPY WAS DERIVED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY HEALTH DEPARTMENT, RENO, WASHOE COUNTY, NEVADA.

REGISTRY VITAL STATISTICS  
 DEPUTY REGISTRAR

THIS COPY IS REPRODUCED PHOTOGRAPHICALLY FROM MICROFILM RECORDS AND MAY IN TIME CHANGE IN COLOR OR APPEARANCE

JUN 26 1991

BOOK 238 PAGE 106  
 OFFICIAL RECORDS  
 RECORDED AT THE REQUEST OF  
*Gerald DePaoli*  
 '92 AUG 27 P1:15

EUREKA COUNTY, NEVADA  
 M.N. REBALEATI, RECORDER  
 FILE NO. FEE \$9.00

142078

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