142090

TERMINATION OF JOINT TENANCY

STATE OF NEVADA)
: ss.
COUNTY OF EUREKA)

Charles A. Vaccaro of Eureka, Nevada, being first duly sworn, deposes and says:

That Charles A. Vaccaro and his wife, Esther B. Vaccaro hold the following described real property situated in the town of Eureka, Nevada, in joint tenancy with right of survivorship.

PARCEL # 01-072-02
Lot 18 Block 16B

PARCEL # 01-073-01
Lots 13, 14, 15, 16 & 17 Block 16A,
together with improvements thereon.

That Esther B. Vaccaro died at Ely, White Pine County, Nevada on the 30th day of May, 1992. A copy of the Death Certificate is hereto attached and made a part hereof.

That title to the above described real property shall vest in Charles A. Vaccaro.

IN WITNESS whereof I herein to set my hand this 1st day of September, 1992.

Charles A. Vaccaro
CHARLES A. VACCARO

STATE OF NEVADA)
: ss.
COUNTY OF EUREKA)

Charles A. Vaccaro, being duly sworn, deposes and says:
That he is the person described in and who executed the foregoing Affadavit for termination of joint tenancy, that he knows the contents thereof and that the same is true of his own knowledge.

Charles A. Vaccaro
CHARLES A. VACCARO

SUBSCRIBED AND SWORN to before me this 1st day of September, 1992.

Glady Goicoechea
NOTARY PUBLIC

GLADY GOICOECHEA
Notary Public - State of Nevada
Appointment Recorded in Eureka County
MY APPOINTMENT EXPIRES OCT. 28, 1994

BOOK 238 PAGE 149

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

#41-92 (LOCAL FILE NUMBER) — 92 004574 (STATE FILE NUMBER)

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME First	Middle	Last	2. DATE OF DEATH (Month, Day, Year)	3a. COUNTY OF DEATH
Esther	Bertha	VACCARO	May 30, 1992	White Pine

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	4. SEX
Ely	William Bee Ririe Hospital	Inpatient	Female

5. RACE—(e.g., White, Black, American Indian, etc) (Specify)	6. Was Decedent of Hispanic Origin? Specify ☐ yes ☒ no If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE—Last Birthday (Years)	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS	8. DATE OF BIRTH (Mo., Day, Yr.)
White		81			November 17, 1910

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

9a. STATE OF BIRTH (If not U.S.A., name country)	9b. CITIZEN OF WHAT COUNTRY	10. Decedent's Education. Specify highest grade completed.	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
New York	USA	12 years	Married	Charles Vaccaro

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	14b. KIND OF BUSINESS OR INDUSTRY
[redacted]	Secretary R	Corn Products International 110

PARENTS

15a. RESIDENCE—STATE	15b. COUNTY	15c. CITY, TOWN, OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Eureka	Eureka	Buel Street	Yes

16. FATHER—NAME First	Middle	Last	17. MOTHER—MAIDEN NAME First	Middle	Last
Harry		Van Waggoner	Maude		Odenwalter

18a. INFORMANT—NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
Charles Vaccaro	PO Box 256 Eureka, Nevada 89316

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY—NAME	19c. LOCATION City or Town	State
Removal/Cremation	Sunset Crematory	Elko, Nevada	

20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE NUMBER	20c. NAME AND ADDRESS OF FACILITY
[signature]	11	Wilson-Bates Mortuary 19 450 Mill Street/PO Box 367 Ely, Nevada 89301

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

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]

21b. DATE SIGNED (Mo., Day, Yr.)	21c. HOUR OF DEATH
May 30, 1992	1:15 P.M.

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): G. Norman Christensen, M.D.

To be completed by Coroner's Office

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)

22b. DATE SIGNED (Mo., Day, Yr.)	22c. HOUR OF DEATH

22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON	22e. PRONOUNCED DEAD (Hour) AT

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.): Bruce W. Wilkin, M.D. 1500 Avenue F Ely, Nevada 89301

23b. LICENSE NUMBER: 3368

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	24c. DEATH DUE TO COMMUNICABLE DISEASE
[signature]	May 30, 1993	YES ☐ NO ☒

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

CAUSE OF DEATH

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

PART I

(a) Cerebrovascular accident — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(b) Idiopathis hypertrophic cardiomyopathy — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

4-5-54

(c) — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.

26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
No	No

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo, Day, Yr.)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED
		M	

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. 039557

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

Date Issued: JUN 25 1992

By: [signature] Deputy Registrar

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

BOOK 238 PAGE 149
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Charles Vaccaro
'92 Sept. 1 A10:30

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

142090