

1 Documentary Transfer Tax \$ -0-  
2 Computed on Full value of property  
3 conveyed. Under penalty of perjury  
4 Signature of declarant or agent  
5 determining tax.

6 WHEN RECORDED RETURN TO:

7 VON E. CLAMPITT

8 P.O. BOX 454

9 REDWOOD VALLEY, CA. 95470

10 AFFIDAVIT OF SURVIVING JOINT TENANT

11 STATE OF CALIFORNIA

12 )  
13 ) ss:

14 VON E. CLAMPITT, formerly VON E. MERCER, being first duly  
15 sworn, under penalty of perjury, deposes and says:

16 1. That RICHARD E. MERCER did die on the 27th day of  
17 December, 1989. A certified copy of the death certificate is  
18 attached hereto, marked Exhibit "A" and incorporated herein.

19 2. That your Affiant is the widow of the Decedent, and has  
20 since remarried, now known as VON E. CLAMPITT. The Decedent and  
21 your Affiant did own and possess the hereinafter described  
22 parcel of real property located in Eureka, State of Nevada, and  
23 more particularly described as follows, to-wit:

24 SMITH ST. BLK 101 LOT 1

25 3. That your Affiant and said the decedent, did own,  
26 possess and were sized of said real property as Joint Tenants,  
27 filed with the Eureka County Recorder, in Book 102, Page 26, as  
28 Document Number 84051.

That your Affiant makes, executes and records this

1 Affidavit to terminate all of the right, title and interest of

2 the decedent, RICHARD E. MERCER, in and to said real property in

3 accordance with NRS 40.525(5).

4 DATED this \_\_\_\_\_ day of \_\_\_\_\_, 1993

*Von E. Clamplitt*  
VON E. CLAMPLITT

7 SUBSCRIBED AND SWORN to before me

8 this \_\_\_\_\_ day of \_\_\_\_\_, 1993

10 NOTARY PUBLIC

(Notarial Seal)

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

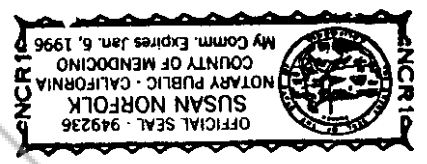
State of California

County of Mendocino

On 8-2-93 before me, *Susan Norfolk*

personally appeared *Von E. Clamplitt*

personally known to me - OR -  proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

*Susan Norfolk*  
SIGNATURE OF NOTARY

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT. Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

TITLE OR TYPE OF DOCUMENT \_\_\_\_\_  
NUMBER OF PAGES \_\_\_\_\_  
DATE OF DOCUMENT \_\_\_\_\_  
SIGNER(S) OTHER THAN NAMED ABOVE \_\_\_\_\_

**OPTIONAL SECTION**

**SIGNER IS REPRESENTING:**  
NAME OF PERSON(S) OR ENTITY(IES)

- INDIVIDUAL
- CORPORATE OFFICER(S)
- PARTNER(S)  LIMITED
- GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER:

**CAPACITY CLAIMED BY SIGNER**

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

27  
28

BOOK 246 PAGE 101  
2

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



STATE REGISTRAR

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

Date issued: FEB 26 1993

Deputy Registrar

Attached No. 0984

SEAL

OK 246 PAGE 02

CAUSE OF DEATH

CONDITIONS IMMEDIATE IF ANY WHICH GAVE RISE TO UNDERLYING CAUSE LAST

CERTIFIER

DISPOSITION

PARENTS

DECEDENT

OR PRINT IN PERMANENT BLACK INK

298. INJURY AT WORK (Specify Yes or No)		289. PLACE OF INJURY—At home, farm, street, factory, office (Specify)		287. STATE	
297. ACCIDENT, SUICIDE, HOMICIDE, UNDER INVESTIGATION OR PENDING INVESTIGATION (Specify)		286. DATE OF INJURY (Mo., Day, Yr.)		285. HOUR OF INJURY	
296. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		284. AUTOPSY (Specify Yes or No)		283. WAS CASE REFERRED TO CORONER (Specify Yes or No)	
295. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		282. (a) DUE TO, OR AS A CONSEQUENCE OF:		281. (b) DUE TO, OR AS A CONSEQUENCE OF:	
294. (Signature)		280. (Signature)		279. (Signature)	
293. REGISTRATION DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		288. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		287. DEATH DUE TO COMMUNICABLE DISEASE (Specify Yes or No)	
292. GARY L. ABRAMS MD, 1001 N. MOUNTAIN ST., CARSON CITY, NV. 89703		286. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		285. LICENSE NUMBER	
291. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		284. ON (Type or Print)		283. AT (Type or Print)	
290. DATE SIGNED (Mo., Day, Yr.)		282. HOUR OF DEATH		281. PRONOUNCED DEAD (Mo., Day, Yr.)	
289. (Signature and Title)		288. (Signature and Title)		287. (Signature and Title)	
288. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		287. FUNERAL NUMBER		286. NAME AND ADDRESS OF FACILITY	
287. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		286. CEMETERY OR CREMATORY—NAME		285. LOCATION	
286. INFORMANT—NAME (Type or Print)		285. MAILING ADDRESS		284. P.O. Box 1074 Carson City, NV. 89702	
285. FATHER—NAME		284. MOTHER—MAIDEN NAME		283. LAST	
284. RESIDENCE—STATE		283. CITY, TOWN, OR LOCATION		282. STREET AND NUMBER	
283. SOCIAL SECURITY NUMBER		282. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired)		281. KIND OF BUSINESS OR INDUSTRY	
282. STATE OF BIRTH (If not U.S.A., name country)		281. CITIZEN OF WHAT COUNTRY (Grade completed)		280. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SURVIVING SPOUSE (If wife, give maiden name)	
281. FACE (e.g., White, Black, American Indian, etc.) (Specify)		280. Was Decedent of Hispanic Origin? (Specify Yes or No) (If Yes, specify Mexican, Cuban, Puerto Rican, etc.)		279. AGE—Last Birthday (Years)	
280. CARSON CITY		279. 4869 August Dr.		278. DATE OF BIRTH (Mo., Day, Yr.)	
279. CITY, TOWN, OR LOCATION OF DEATH		278. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		277. DATE OF DEATH (Month, Day, Year)	
278. DECEASED—NAME		277. LAST		276. MIDDLE	
277. RICHARD		276. ELMER		275. MERCER	
276. COUNTY OF DEATH		275. CARSON CITY		274. SEX	
275. STATE FILE NUMBER		274. COUNTY OF DEATH		273. DATE OF DEATH	

89 008856

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

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

BOOK 246 PAGE 103

144866

EUREKA COUNTY, NEVADA  
M.N. REBALANCE, RECORDER  
FILE NO. FEE \$800

BOOK 246 PAGE 100  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Don E. Clapp*  
93 MAR -4 AM 51

COPY