

1 AFFIDAVIT IN RE: ESTHER B. VACCARO, DECEASED
2 TERMINATION OF JOINT TENANCY (NRS 111.365)

3 STATE OF NEVADA)
4 County of EUREKA)
5 ss.)

6 CHARLES A. VACCARO, being first duly sworn, deposes and
7 says:

8 That Affiant is the spouse of ESTHER B. VACCARO,
9 Deceased. That Decedent ESTHER B. VACCARO died on the 30th day of
10 May, 1999, in White Pine County, Nevada. That a
11 certified copy of the Death Certificate is attached hereto as
12 Exhibit "A".

13 That during the lifetime of said Decedent, certain real
14 property was acquired in joint tenancy wherein CHARLES A. VACCARO
15 and ESTHER B. VACCARO, were grantees. That a Deed of Trust in
16 favor of CHARLES A. VACCARO and ESTHER B. VACCARO, husband and wife
17 as joint tenants with rights of survivorship, executed by JERRY L.
18 MACHACEK and TRINA L. MACHACEK, husband and wife, to Stewart Title
19 of Northeastern Nevada, a Nevada Corporation, dba Frontier Title
20 Company, trustee, to secure an indebtedness of \$10,395.00 was
21 recorded November 19, 1990, in Book 217, Page 372, File No. 134736,
22 Official Records, Eureka County, Nevada. That under the laws of
23 the State of Nevada, upon the death of ESTHER B. VACCARO, the
24 beneficial interest of said Deed of Trust became vested in CHARLES
25 A. VACCARO as the surviving joint tenant.
26 That by reason of the foregoing, Affiant hereby declares
27 that the beneficial interest of ESTHER B. VACCARO, Deceased, in the
28 above described Deed of Trust has vested in CHARLES A. VACCARO, in
29 fee simple, and that CHARLES A. VACCARO is the sole and absolute

BOOK 246 PAGE 343

ELI-51001

28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

owner thereof, together with the rights, tenements, hereditaments,

and appurtenances, thereunto belonging or appertaining, and the

reversion and reversions, remainder and remainders, rents, issues

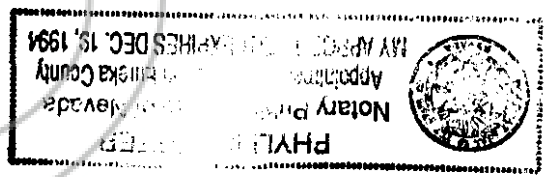
and profits thereof.

Charles A. Vaccaro
CHARLES A. VACCARO

SUBSCRIBED and SWORN to before me

this 15th day of March, 1993.

Charles A. Vaccaro
NOTARY PUBLIC



BOOK 246 PAGE 344

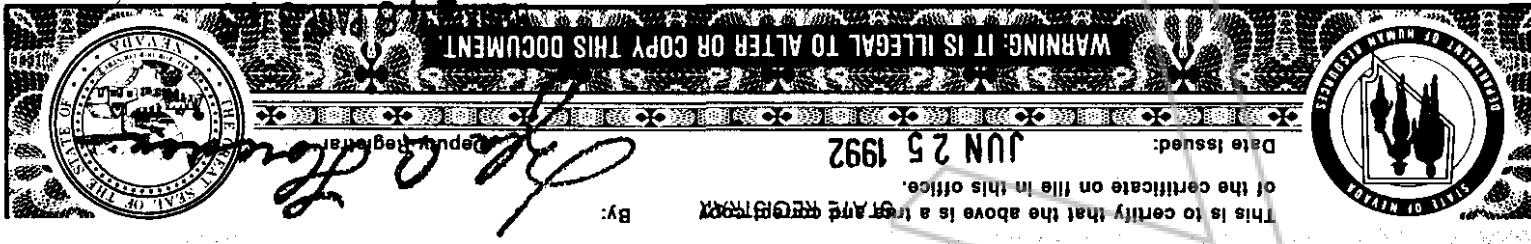
STATE OF NEVADA
 DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH
 VITAL STATISTICS

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

STATE FILE NUMBER 92 004574

1. DECEASED—NAME First Middle Last ESTHER BERTHA VACCARO			
2. DATE OF DEATH (Month, Day, Year) May 30, 1992		3. COUNTY OF DEATH White Pine	
4. CITY, TOWN, OR LOCATION OF DEATH William Bee Ririe Hospital			
5. SEX Female			
6. RACE—(a) White, Black, American Indian, etc. (Specify) White			
7. STATE OF BIRTH New York			
8. CITIZENSHIP OF WHAT COUNTRY USA			
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary			
10. SOCIAL SECURITY NUMBER [redacted]			
11. RESIDENCE—STATE Nevada		12. COUNTY, TOWN, OR LOCATION Eureka	
13. CITY, TOWN, OR LOCATION Eureka		14. STREET AND NUMBER Buel Street	
15. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Harry Van Waggoner	
17. MOTHER—MAIDEN NAME First Middle Last Maude Odenwalter		18. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 256 Eureka, Nevada 89316	
19. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Sunset Crematory		20. CEMETERY OR CREMATORY—NAME LOCATION City or Town State Elko, Nevada	
21. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Wilson-Bates Mortuary</i>		22. FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY Wilson-Bates Mortuary 450 Mill Street/PO Box 367 Ely, Nevada 89301	
23. DATE SIGNED (Mo., Day, Yr.) May 30, 1992			
24. HOUR OF DEATH 1:15 P.M.			
25. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) G. Norman Christensen, M.D.			
26. DATE SIGNED (Mo., Day, Yr.) May 30, 1993		27. PRONOUNCED DEAD (Mo., Day, Yr.) [redacted]	
28. HOUR OF DEATH		29. HOUR OF DEATH	
30. 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			
31. LICENSE NUMBER 3368		32. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 30, 1993	
33. REGISTERAR (Signature) <i>Bruce Wilkin</i>			
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Cerebrovascular accident			
35. PART (a) Cerebrovascular accident			
36. PART (b) Idiopathic hypertrophic cardiomyopathy			
37. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Interval between onset and death			
38. ACC. SUICIDE HOM. UNDET. (Specify) OR PENDING INVEST. DATE OF INJURY (Mo., Day, Yr.)		39. HOUR OF INJURY	
40. PLACE OF INJURY—(Home, farm, street, factory, office, building, etc. (Specify))		41. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

TYPE IN PERMANENT INK
 PREVENT RETURN TO ISSUING AGENCY
 THIS IS A COPY OF THE ORIGINAL RECORD
 IF ANY CHANGES ARE MADE
 THESE SHOULD BE MADE ON THIS COPY
 BEFORE THE ORIGINAL IS DESTROYED



No. 039557

This is to certify that the above is a true and correct copy of the certificate on file in this office.
 By: *[Signature]*
 Date issued: JUN 25 1992

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 246 PAGE 345

COPY

BOOK 246 PAGE 346

BOOK 246 PAGE 343
RECORDED AT THE REQUEST OF
Franklin State
93 APR -2 P2:50
EUREKA COUNTY, NEVADA
M.N. REBAL EATI. RECORDER
FILE NO. 145034
FEE \$ 800