

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

145034

2 STATE OF NEVADA  
3 )  
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

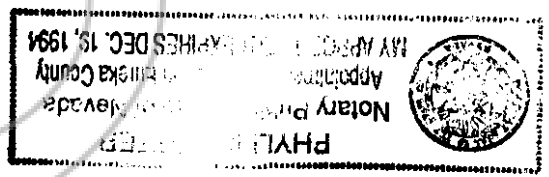
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owner thereof, together with the rights, tenements, hereditaments,  
and appurtenances, thereunto belonging or appertaining, and the  
reversion and reversions, remainder and remainders, rents, issues  
and profits thereof.

*Charles A. Vaccaro*  
CHARLES A. VACCARO

SUBSCRIBED and SWORN to before me  
this 15<sup>th</sup> 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

#41-92

92 004574

LOCAL FILE NUMBER STATE FILE NUMBER

1 DECEASED-NAME FIRST MIDDLE LAST  
ESTHER BERTHA VACCARO  
2 DATE OF DEATH (Month, Day, Year)  
MAY 30, 1992  
3a COUNTY OF DEATH  
WHITE PINE

3c CITY, TOWN, OR LOCATION OF DEATH  
WILLIAM BEE RITTE HOSPITAL  
3e HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number)  
IF HOSP. OR INST. INDICATE DOA, OP/EMER.  
SEX FEMALE

4 RACE-(e.g. White, Black, American Indian, etc.) (Specify)  
WHITE  
5 AGE-Last  
81  
7a Birthdate (Years)  
7b Birthdate (Months)  
7c Birthdate (Days)  
7d Birthdate (Hours)  
7e Birthdate (Minutes)  
6 Was Decedent of Hispanic Origin? Specify (If yes, no if not)  
Specify Mexican, Cuban, Puerto Rican, etc.

8a STATE OF BIRTH  
NEW YORK  
8b CITIZEN OF WHAT COUNTRY  
USA  
9a GRADE COMPLETED  
12 years  
9b MARRIED, NEVER MARRIED, WIDOWED, DIVORCED  
MARRIED  
10 SURVIVING SPOUSE (If wife, give maiden name)  
Charles Vaccaro  
11 KIND OF BUSINESS OR INDUSTRY  
110  
12a STREET AND NUMBER  
Buel Street  
12b INSIDE CITY LIMITS  
YES

13 RESIDENCE-STATE  
NEVADA  
14a COUNTY  
EUREKA  
14b CITY, TOWN, OR LOCATION  
EUREKA  
14c STREET AND NUMBER  
Buel Street  
14d INSIDE CITY LIMITS  
YES

15 FATHER-NAME FIRST MIDDLE LAST  
HARRY VAN WAGGONER  
16 MOTHER-MAIDEN NAME FIRST MIDDLE LAST  
MAUDE ODENWALTER

17 MAILING ADDRESS  
(Street or R.F.D. No., City or Town, State, Zip)  
PO BOX 256 EUREKA, NEVADA 89316

18a BURIAL, CREMATION, REMOVAL, OTHER (Specify)  
REMOVAL/CREMATION  
18b CEMETERY OR CREMATORY-NAME  
SUNSET CREMATORY  
18c CITY OR TOWN STATE  
ELKO, NEVADA

19a FUNERAL DIRECTOR-SIGNATURE  
(Or Person Acting as Such)  
19b FUNERAL DIRECTOR LICENSE NUMBER  
11  
19c NAME AND ADDRESS OF FACILITY  
WILSON-BATES MORTUARY  
450 MILL STREET/PO BOX 367 ELY, NEVADA 89301

20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.  
(Signature and Title)  
20b DATE SIGNED (Mo., Day, Yr.)  
MAY 30, 1992  
20c HOUR OF DEATH  
1:15 P.M.

21a NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  
G. NORMAN CHRISTENSEN, M.D.  
21b DATE SIGNED (Mo., Day, Yr.)  
MAY 30, 1992  
21c HOUR OF DEATH  
1:15 P.M.

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.)  
MAY 30, 1993  
22c HOUR OF DEATH  
22d PRONOUNCED DEAD (Mo., Day, Yr.)  
22e PRONOUNCED DEAD (Hour)  
22f LICENSE NUMBER  
3368

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 REGISTERAR (Signature)  
Bruce Wilkin  
24b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  
MAY 30, 1993  
24c DEATH DUE TO COMMUNICABLE DISEASE  
YES  NO

25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  
(a) Cerebrovascular accident  
(b) Idiopathic hypertrophic cardiomyopathy  
(c) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.

26 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)  
27 DATE OF INJURY (Mo., Day, Yr.)  
28a HOUR OF INJURY  
28b PLACE OF INJURY-At home, farm, street, factory, office, building, etc. (Specify)  
28c LOCATION  
28d STREET OR R.F.D. No.  
28e CITY OR TOWN STATE

29a OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.  
29b AUTOPSY (Specify)  
29c WAS CASE REFERRED TO CORONER (Specify Yes or No)  
29d NO

30a DECEASED-NAME FIRST MIDDLE LAST  
ESTHER BERTHA VACCARO  
30b DATE OF DEATH (Month, Day, Year)  
MAY 30, 1992  
30c COUNTY OF DEATH  
WHITE PINE

31 FATHER-NAME FIRST MIDDLE LAST  
HARRY VAN WAGGONER  
32 MOTHER-MAIDEN NAME FIRST MIDDLE LAST  
MAUDE ODENWALTER

33 RESIDENCE-STATE  
NEVADA  
34a COUNTY  
EUREKA  
34b CITY, TOWN, OR LOCATION  
EUREKA  
34c STREET AND NUMBER  
Buel Street  
34d INSIDE CITY LIMITS  
YES

35 FATHER-NAME FIRST MIDDLE LAST  
HARRY VAN WAGGONER  
36 MOTHER-MAIDEN NAME FIRST MIDDLE LAST  
MAUDE ODENWALTER

37 MAILING ADDRESS  
(Street or R.F.D. No., City or Town, State, Zip)  
PO BOX 256 EUREKA, NEVADA 89316

38 BURIAL, CREMATION, REMOVAL, OTHER (Specify)  
REMOVAL/CREMATION  
39a CEMETERY OR CREMATORY-NAME  
SUNSET CREMATORY  
39b CITY OR TOWN STATE  
ELKO, NEVADA

40a FUNERAL DIRECTOR-SIGNATURE  
(Or Person Acting as Such)  
40b FUNERAL DIRECTOR LICENSE NUMBER  
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42c HOUR OF DEATH  
1:15 P.M.

43a 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  
43b LICENSE NUMBER  
3368

44a REGISTERAR (Signature)  
Bruce Wilkin  
44b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  
MAY 30, 1993  
44c DEATH DUE TO COMMUNICABLE DISEASE  
YES  NO



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



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

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