

145473

AFFIDAVIT IN RE KAREN SCHUH, DECEASED

TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA )  
                  ) SS  
                  )

JOSEPH SCHUH, being first duly sworn, deposes and says:

That affiant is the husband of KAREN SCHUH, Deceased.

That Decedent died on the 16th day of May, 1992.

That a certified copy of the Death Certificate is attached hereto

as Exhibit "A".

That during the lifetime of said Decedent, certain real

property was acquired in joint tenancy wherein ESTELLE GENZOLI,

KAREN SCHUH and JOSEPH SCHUH were Grantees. That under the laws of

the State of Nevada, upon the death of KAREN SCHUH, the title and

ownership of said real property became vested in JOSEPH SCHUH and

ESTELLE GENZOLI as the surviving joint tenants. That said real

property was acquired by a Deed dated April 8, 1988, wherein

ESTELLE GENZOLI was the Grantor, and ESTELLE GENZOLI, KAREN SCHUH

and JOSEPH SCHUH were the Grantees.

That said Deed was recorded on April 8, 1988, in Book

175, Pages 319-320, Eureka County Records.

That the real property conveyed therein, in joint

tenancy, is more particularly described as follows, to-wit:

Lot 1, in Block twelve in the Townsite of  
Eureka.

That by reason of the foregoing, affiant hereby declares

that the title and interest of KAREN SCHUH, Deceased in the above-

described real property has vested in JOSEPH SCHUH and ESTELLE

GENZOLI, in fee simple, and that JOSEPH SCHUH and ESTELLE GENZOLI

are the sole and absolute owners thereof, together with the

tenements, hereditaments, and appurtenances, thereunto belonging or

appertaining, and the reversion and reversions, remainder and

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LAW OFFICES  
GARY D. FAIRMAN  
A PROFESSIONAL CORPORATION  
482 FIFTH STREET - P. O. BOX 5  
ELY, NEVADA 89301  
(702) 289-4422

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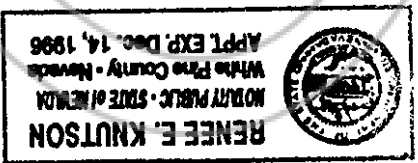
LAW OFFICES  
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ELY, NEVADA 89301  
(702) 289-4422

1 remainders, rents, issues and profits thereof.

*Joseph Schuh*  
JOSEPH SCHUH

Subscribed and sworn to before me

this 21<sup>st</sup> day of April, 1993  
*Renee E. Knutson*  
RENEE E. KNUTSON



SO P R Y

**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 004570

LOCAL FILE NUMBER  
 #38-92

DECEASED—NAME (Last, Middle, First) **Karen Madeline SCHUH** 1  
 DATE OF DEATH (Month, Day, Year) **May 16, 1992** 2  
 COUNTY OF DEATH **White Pine** 3a

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

RACE (e.g., White, Black, American Indian, etc.) (Specify) **White** 5  
 WAS DECEDENT OF HISPANIC ORIGIN? Specify  yes  no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6  
 CITIZEN OF WHAT COUNTRY **USA** 7a  
 Decedent's Education: Specify highest grade completed. **15** 7b  
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, **Married** 7c  
 SURVIVING SPOUSE (if not, give maiden name) **Joseph Schuh** 12

SOCIAL SECURITY NUMBER **[REDACTED]** 9  
 USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) **Secretary** 14a  
 KIND OF BUSINESS OR INDUSTRY **U.S. Park Service** 14b  
 STREET AND NUMBER **# 6 Pioche Street** 15a  
 INSIDE CITY LIMITS (Specify Yes or No) **Yes** 15b

FATHER—NAME (Last, Middle, First) **John Lynn Lintiger** 16  
 MOTHER—MAIDEN NAME (Last, Middle, First) **Dorothy Morrison** 17  
 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) **PO Box 399 Fernley, Nevada 89408** 18a  
 BIRTH, CREMATION, REMOVAL, OTHER (Specify) **Burial** 18b  
 CEMETERY OR CREMATORY—NAME **100F-Rebekah Cemetery** 19a  
 LOCATION (City or Town, State) **Eureka, Nevada** 19b

FUNERAL DIRECTOR—SIGNATURE (If funeral address such) **[Signature]** 20a  
 LICENSE NUMBER **11** 20b  
 NAME AND ADDRESS OF FACILITY **Wilson-Bates Mortuary 19 450 Mill Street/PO Box 367 Ely, Nevada 89301** 20c

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.  
 21b. 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) **[Signature]** 21c  
 HOUR OF DEATH **11:04 A.M.** 21c  
 DATE SIGNED (Mo., Day, Yr.) **5-23-92** 21c  
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 21d  
 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 22a  
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 22b  
 DEATH DUE TO COMMUNICABLE DISEASE (Specify Yes or No) **NO** 22c

22a. MAKE IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  
 PART (a) **Cardiopulmonary arrest**  
 PART (b) **Cardiopulmonary arrest**  
 PART (c) **Cardiopulmonary arrest**  
 DUE TO, OR AS A CONSEQUENCE OF: 22d  
 DUE TO, OR AS A CONSEQUENCE OF: 22e  
 Interval between onset and death: 22f  
 Interval between onset and death: 22g

OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1:  
 PART 1 **Cardiopulmonary arrest**  
 DUE TO, OR AS A CONSEQUENCE OF: 23  
 DUE TO, OR AS A CONSEQUENCE OF: 24  
 Interval between onset and death: 24a  
 Interval between onset and death: 24b

REGISTRAR (Signature) **[Signature]** 24a  
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 24b  
 DEATH DUE TO COMMUNICABLE DISEASE (Specify Yes or No) **NO** 24c

25a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 25a  
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 25b  
 DEATH DUE TO COMMUNICABLE DISEASE (Specify Yes or No) **NO** 25c

25d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 25d  
 NAME AND ADDRESS OF FACILITY **Wilson-Bates Mortuary 19 450 Mill Street/PO Box 367 Ely, Nevada 89301** 25e  
 LICENSE NUMBER **11** 25f  
 HOUR OF DEATH **11:04 A.M.** 25g  
 DATE SIGNED (Mo., Day, Yr.) **5-23-92** 25g  
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 25h

26a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 26a  
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 26b  
 DEATH DUE TO COMMUNICABLE DISEASE (Specify Yes or No) **NO** 26c

26d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 26d  
 NAME AND ADDRESS OF FACILITY **Wilson-Bates Mortuary 19 450 Mill Street/PO Box 367 Ely, Nevada 89301** 26e  
 LICENSE NUMBER **11** 26f  
 HOUR OF DEATH **11:04 A.M.** 26g  
 DATE SIGNED (Mo., Day, Yr.) **5-23-92** 26g  
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 26h

26i. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 26i  
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 26j  
 DEATH DUE TO COMMUNICABLE DISEASE (Specify Yes or No) **NO** 26k

26l. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 26l  
 NAME AND ADDRESS OF FACILITY **Wilson-Bates Mortuary 19 450 Mill Street/PO Box 367 Ely, Nevada 89301** 26m  
 LICENSE NUMBER **11** 26n  
 HOUR OF DEATH **11:04 A.M.** 26o  
 DATE SIGNED (Mo., Day, Yr.) **5-23-92** 26o  
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 26p

26q. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 26q  
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 26r  
 DEATH DUE TO COMMUNICABLE DISEASE (Specify Yes or No) **NO** 26s

26t. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 26t  
 NAME AND ADDRESS OF FACILITY **Wilson-Bates Mortuary 19 450 Mill Street/PO Box 367 Ely, Nevada 89301** 26u  
 LICENSE NUMBER **11** 26v  
 HOUR OF DEATH **11:04 A.M.** 26w  
 DATE SIGNED (Mo., Day, Yr.) **5-23-92** 26w  
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 26x

26y. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 26y  
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 26z  
 DEATH DUE TO COMMUNICABLE DISEASE (Specify Yes or No) **NO** 26aa

26ab. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 26ab  
 NAME AND ADDRESS OF FACILITY **Wilson-Bates Mortuary 19 450 Mill Street/PO Box 367 Ely, Nevada 89301** 26ac  
 LICENSE NUMBER **11** 26ad  
 HOUR OF DEATH **11:04 A.M.** 26ae  
 DATE SIGNED (Mo., Day, Yr.) **5-23-92** 26ae  
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 26af

26ag. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 26ag  
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 26ah  
 DEATH DUE TO COMMUNICABLE DISEASE (Specify Yes or No) **NO** 26ai

26aj. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 26aj  
 NAME AND ADDRESS OF FACILITY **Wilson-Bates Mortuary 19 450 Mill Street/PO Box 367 Ely, Nevada 89301** 26ak  
 LICENSE NUMBER **11** 26al  
 HOUR OF DEATH **11:04 A.M.** 26am  
 DATE SIGNED (Mo., Day, Yr.) **5-23-92** 26am  
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 26an

26ao. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 26ao  
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 26ap  
 DEATH DUE TO COMMUNICABLE DISEASE (Specify Yes or No) **NO** 26aq

26ar. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 26ar  
 NAME AND ADDRESS OF FACILITY **Wilson-Bates Mortuary 19 450 Mill Street/PO Box 367 Ely, Nevada 89301** 26as  
 LICENSE NUMBER **11** 26at  
 HOUR OF DEATH **11:04 A.M.** 26au  
 DATE SIGNED (Mo., Day, Yr.) **5-23-92** 26au  
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[Signature]** 26av



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

Deputy Registrar

Date Issued: **FEB 05 1993**

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

SEAL  
 Affix No. 038552  
 BIRTH CERT. #40-1226

BOOK 247 PAGE 428

BOOK 247 PAGE 429

145473

EUREKA COUNTY, NEVADA  
M.N. REBALANCE RECORDER  
FILE NO. FEE \$8

BOOK 247 PAGE 426  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Gary D. Johnson*  
93 MAY 27 AM 11

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