

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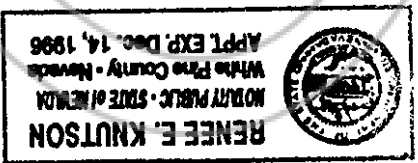
LAW OFFICES
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ELY, NEVADA 89301
(702) 289-4422

1 remainders, rents, issues and profits thereof.

Joseph Schuh
JOSEPH SCHUH

Subscribed and sworn to before me

this 21st 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. 7a
15 7a
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, **Married** 7b
 SURVIVING SPOUSE (If not, give maiden name) 7b
Joseph Schuh 7b

USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) **Secretary** 8
 SOCIAL SECURITY NUMBER **[REDACTED]** 9
 RESIDENCE—STATE **Nevada** 10
 COUNTY **White Pine** 11
 CITY, TOWN, OR LOCATION **Baker** 12
 STREET AND NUMBER **# 6 Pioche Street** 13
 INSIDE CITY LIMITS (Specify Yes or No) **Yes** 14

FATHER—NAME (Last, Middle, First) **John Lynniger** 15
 MOTHER—MAIDEN NAME (Last, Middle, First) **Dorothy Morrison** 16
 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) **PO Box 399 Fernley, Nevada 89408** 17

INFORMANT—NAME (Type or Print) **John Lynniger** 18
 BURL, CREMATION, REMOVAL, OTHER (Specify) **Burial** 19a
 CEMETERY OR CREMATORY—NAME **100F-Rebekah Cemetery** 19b
 LOCATION **Eureka, Nevada** 19c

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. 21a
 (Signature and Title) **[Signature]** 21a
 HOUR OF DEATH **11:04 A.M.** 21c
 DATE SIGNED (Mo., Day, Yr.) **5-23-92** 21b

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **[REDACTED]** 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 YES NO 22c

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. 22a
 (Signature and Title) **[Signature]** 22a
 DATE SIGNED (Mo., Day, Yr.) **May 26, 1992** 22b
 HOUR OF DEATH **11:04 A.M.** 22c

22b. PRONOUNCED DEAD (Mo., Day, Yr.) **May 26, 1992** 22b
 PRONOUNCED DEAD (Hour) **11:04 A.M.** 22c

22c. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 22c
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 22d
 DEATH DUE TO COMMUNICABLE DISEASE YES NO 22e

22d. ON (Specify Yes or No) **NO** 22d
 22e. AT (Specify Yes or No) **NO** 22e

22f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 22f
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 22g
 DEATH DUE TO COMMUNICABLE DISEASE YES NO 22h

22g. ON (Specify Yes or No) **NO** 22g
 22h. AT (Specify Yes or No) **NO** 22h

22i. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 22i
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 22j
 DEATH DUE TO COMMUNICABLE DISEASE YES NO 22k

22k. ON (Specify Yes or No) **NO** 22k
 22l. AT (Specify Yes or No) **NO** 22l

22m. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 22m
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 22n
 DEATH DUE TO COMMUNICABLE DISEASE YES NO 22o

22o. ON (Specify Yes or No) **NO** 22o
 22p. AT (Specify Yes or No) **NO** 22p

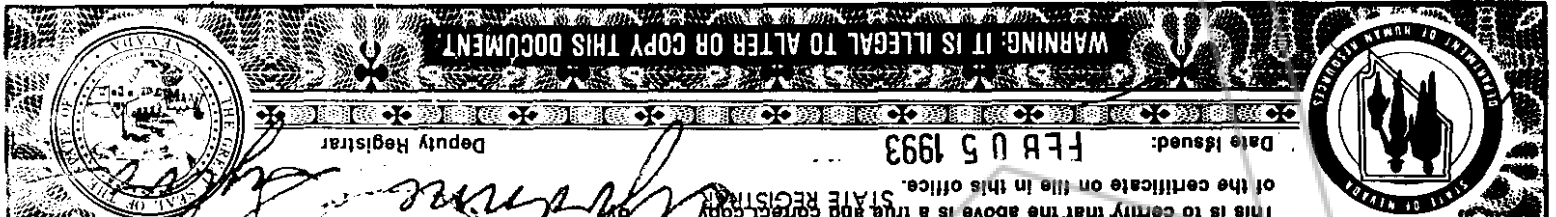
22q. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 22q
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 22r
 DEATH DUE TO COMMUNICABLE DISEASE YES NO 22s

22s. ON (Specify Yes or No) **NO** 22s
 22t. AT (Specify Yes or No) **NO** 22t

22u. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 22u
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 22v
 DEATH DUE TO COMMUNICABLE DISEASE YES NO 22w

22w. ON (Specify Yes or No) **NO** 22w
 22x. AT (Specify Yes or No) **NO** 22x

22y. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) **Robert Scharffenberg, M.D. Box 313 Sandy, Utah 84031** 22y
 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **May 26, 1992** 22z
 DEATH DUE TO COMMUNICABLE DISEASE YES NO 22aa



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 STATE OF NEVADA

DATE ISSUED: **FEB 05 1993**
 Deputy Registrar

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

BOOK 247 PAGE 428

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

CAUSE OF DEATH
 CARDIOPULMONARY arrest

OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I:
 DUE TO, OR AS A CONSEQUENCE OF: **4275**

INTERVAL BETWEEN ONSET AND DEATH

INTERVAL BETWEEN ONSET AND DEATH

INTERVAL BETWEEN ONSET AND DEATH

INTERVAL BETWEEN ONSET AND DEATH

INTERVAL BETWEEN ONSET AND DEATH

INTERVAL BETWEEN ONSET AND DEATH

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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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