

AFFIDAVIT IN RE KAREN SCHUH, DECEASED

TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA)
) SS)
) COUNTY OF WHITE PINE)

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 February 12, 1988, wherein

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

and JOSEPH SCHUH were the Grantees.

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

173, Pages 189-190, Eureka County Records.

That the real property conveyed therein, in joint

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

Lots 1, 2, 3, in Block 3 of the Town of
Eureka, State of Nevada

Lots 2, 3, 4, 5, and 6, in Block twelve in the
Townsite of Eureka, County of Eureka, State of
Nevada, as the same appears upon the official
map or plat of said townsite on file in the
office of the County Recorder, Eureka County,
Nevada, and approved by the U.S. General Land
Office on November 19, 1937.

Together with all buildings and improvements
situate thereon.

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

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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

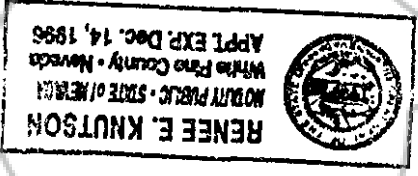
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GENZOLI, in fee simple, and that JOSEPH SCHUH and ESTELLE GENZOLI are the sole and absolute owners thereof, together with the tenements, hereditaments, and appurtenances, thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Joseph W. Schuh
JOSEPH SCHUH

Subscribed and sworn to before me
this 10th day of April, 1993.
Renée E. Knutson
NOTARY PUBLIC



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

92 004570

#38-92

STATE FILE NUMBER

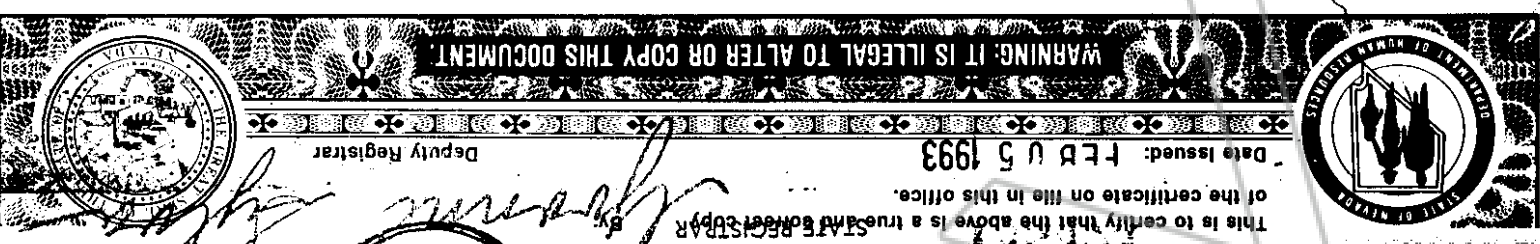
1. DECEASED—NAME (Last, Middle, First) Karen Madeline SCHUH		2. DATE OF DEATH (Month, Day, Year) May 16, 1992		3a. COUNTY OF DEATH White Pine	
3b. CITY, TOWN, OR LOCATION OF DEATH William Bee Ririe Hospital		3c. HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) William Bee Ririe Hospital		3d. SEX Female	
4. RACE—(a) White, Black, American Indian, etc. (Specify) White		5. CITIZENSHIP OF WHAT COUNTRY USA		6. GRADE COMPLETED 15	
7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED, SPECIFY (Specify) Married		8. SURVIVING SPOUSE (If wife, give maiden name) Joseph Schuh		9. DATE OF BIRTH (Mo., Day, Yr.) Sept. 26, 1940	
10. SOCIAL SECURITY NUMBER [REDACTED]		11. USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) Secretary		12. KIND OF BUSINESS OR INDUSTRY U.S. Park Service	
13. RESIDENCE—STATE Nevada		14. CITY, TOWN, OR LOCATION White Pine		15. STREET AND NUMBER # 6 Pioche Street	
16. FATHER—NAME (Last, Middle, First) John Lymniger Morrison		17. MOTHER—MAIDEN NAME (Last, Middle, First) Dorothy Morrison		18. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 399 Fernley, Nevada 89408	
19. BUNIAL CREMATION, REMOVAL OTHER (Specify) Burial		20. CEMETERY OR CREMATORY—NAME 100F-Rebekah Cemetery		21. LOCATION (City or Town, State) Eureka, Nevada	
22. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting Such) Wilson-Bates Mortuary		23. FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY 450 Mill Street/PO Box 367 Ely, Nevada 89301		24. LICENSE NUMBER 11	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Cardiopulmonary arrest		26. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 26, 1992		27. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [REDACTED]		29. HOUR OF DEATH 11:04 A.M.		30. DATE SIGNED (Mo., Day, Yr.) [REDACTED]	
31. PRONOUNCED DEAD (Mo., Day, Yr.) [REDACTED]		32. HOUR OF DEATH [REDACTED]		33. PRONOUNCED DEAD (Hour) [REDACTED]	
34. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print) Robert Scharffenberg, M.D., Box 313 Sandy, Utah 84031		35. LICENSE NUMBER 6229		36. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 26, 1992	
37. REGISTRAR (Signature) [REDACTED]		38. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 26, 1992		39. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
40. PART I. DUE TO, OR AS A CONSEQUENCE OF: (a) Cardiopulmonary arrest		41. PART II. DUE TO, OR AS A CONSEQUENCE OF: (a) [REDACTED]		42. PART III. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. [REDACTED]	
43. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST.		44. DATE OF INJURY (Mo., Day, Yr.)		45. HOUR OF INJURY	
46. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		47. LOCATION		48. STREET OR R.F.D. NO.	
49. CITY OR TOWN		50. STATE		51. INJURY AT WORK (Specify Yr. or No.)	

SEAL

Affixed No. 039552
 BIRTH CERT #40-1226

This is to certify that the above is a true and correct copy
 STATE REGISTRAR
 Deputy Registrar
 Date Issued: FEB 05 1993

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



CAUSE OF DEATH
 CERTIFIER
 DISPOSITION
 DECEASED
 TYPE OF PRINT
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 BLACK INK

BOOK 247 PAGE 432

COPY

BOOK 247 PAGE 433

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

BOOK 247 PAGE 430
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Gary D. Falkman
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