

AFFIDAVIT TERMINATING JOINT TENANCY

147452

STATE OF FLORIDA)
) ss.)
) County of Palm Beach)

CALVINA E. GORMAN, being first duly sworn, deposes and says

as follows:

THAT your Affiant was the wife of RICHARD J. GORMAN, one of

the Grantees in that certain Deed dated March 12, 1981, wherein the

CATLEMEN'S TITLE GUARANTEE COMPANY (as Trustee), a Nevada Corpora-

tion, was Grantor, and RICHARD J. GORMAN and CALVINA E. GORMAN, his

wife, as joint tenants with right of survivorship and not as tenants

in common, were Grantees, conveying those certain lots, pieces or

parcels of real property situate in County of Eureka, State of Nevada

and more particularly described as follows, to wit:

TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B. & M.

SECTION 15: SE 1/4 SE 1/4 NW 1/4 excepting there-

from any portion of State Highway No. 306 as it

now exists A.P.N. 5-210-27

THAT said Deed was recorded on March 27, 1981, in Book 93,

Page 457, File No. 80013, in the Office of the Eureka County

Recorder.

THAT the said RICHARD J. GORMAN, one of the Grantees named

in the aforesaid Deed, died in the City of West Palm Beach, County of

Palm Beach, State of Florida, on January 20, 1990, and is the ident-

ical person named as RICHARD J. GORMAN in that Certificate of Death,

duly certified, marked Exhibit A and attached hereto; that said cert-

ified copy of Certificate of Death is hereby referred to and by such

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NOTARY PUBLIC

Opd's. Manuel

SUBSCRIBED and SWORN to before me
this 28th day of October, 1993.

JOHN S. MARSHALL
Notary Public, State of Florida
My Commission Expires June 19, 1995
Commission No. CC 223954

Calvin E. Gorman
Florida Driver Lic. for I.D.

DATED this 28th day of October, 1993.

set forth.

reference is incorporated into this Paragraph as though herein fully

CERTIFICATE OF DEATH FLORIDA

1. DECEASED'S NAME (First, Middle, Last) **RICHARD JOSEPH GORMAN**

2. SEX **Male**

3. DATE OF DEATH (Month, Day, Year) **JANUARY 20, 1990**

4. SOCIAL SECURITY NUMBER **67**

5a. AGE - Last Birthday (Years) **67**

5b. UNDER 1 YEAR **Months**

5c. UNDER 1 DAY **Hours**

5d. UNDER 1 MINUTE **Minutes**

6. DATE OF BIRTH (Month, Day, Year) **MAY 18, 1922**

7. BIRTHPLACE (City and State or Foreign Country) **Middlestown, New York**

8. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) **Yes**

9a. PLACE OF DEATH (Check only one. See instructions on other side)

HOSPITAL: Inpatient Outpatient D.O.A.

OTHER: Nursing Home Residence Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) **Hospital of Palm Beach County**

9c. CITY, TOWN, OR LOCATION OF DEATH **West Palm Beach**

9d. COUNTY OF DEATH **Palm Beach**

10. DECEASED'S USUAL OCCUPATION **owner & operator**

10a. KIND OF BUSINESS/INDUSTRY **Water conditioning company**

11. MARITAL STATUS - Married, New Married, Widowed, Divorced (Specify) **Married**

12. SURVIVING SPOUSE (If wife, give maiden name) **Galvina Livingston**

13. RESIDENCE - STATE **Florida**

13a. COUNTY **Palm Beach**

13b. CITY, TOWN, OR LOCATION **North Palm Beach**

14. WAS DECEASED OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) **Yes**

15. RACE - American Indian, Black, White, etc. (Specify) **White**

16. DECEASED'S EDUCATION (Specify only highest grade completed) **5+**

17. FATHER'S NAME (First, Middle, Last) **Joseph P. Gorman**

18. MOTHER'S NAME (First, Middle, Maiden Surname) **Marjorie Remsen**

19a. INFORMANT'S NAME (Type in full) **Galvina E. Gorman**

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) **433 Lighthouse Dr. - North Palm Beach, FL 33408**

20a. METHOD OF DISPOSITION Burial Cremation Removal from State Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) **St. Joseph Cemetery**

20c. LOCATION - City or town, State **Middlestown, New York**

21. PERSON ACTING AS SUCH Funeral Director Other (Specify)

21a. LICENSE NUMBER **1022**

21b. NAME AND ADDRESS OF FACILITY **Thomas L. Flice Funeral Home**

21c. STREET AND NUMBER **553 Northlake Blvd., No. Palm Beach, FL 33408**

22a. To the best of my knowledge, deceased occurred at the time, date and place and due to the (Signature and Title) **Lawrence A. Tepper, D.O.**

22b. DATE SIGNED (Mo., Day, Yr.) **1/22/90**

22c. HOUR OF DEATH **1:10 P.**

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **Lawrence A. Tepper, D.O.**

22e. PRONOUNCED DEAD (Mo., Day, Yr.) **1/22/90**

22f. PRONOUNCED DEAD (Hour) **1:10 P.**

23a. 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) as stated

23b. DATE SIGNED (Mo., Day, Yr.) **1/22/90**

23c. HOUR OF DEATH **1:10 P.**

23d. PRONOUNCED DEAD (Mo., Day, Yr.) **1/22/90**

23e. PRONOUNCED DEAD (Hour) **1:10 P.**

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) **Lawrence A. Tepper, D.O. 2151-45th St. - West Palm Beach, FL 33407**

25. SUBREGISTRAR - SIGNATURE AND DATE **Lawrence A. Tepper, D.O. Jan. 23, 1990**

26. DATE REGISTERED **JAN 25 1990**

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY **Charles Brown** State Registrar **OCT 0 4 1993**

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5751596

CERTIFICATION OF VITAL RECORD



HRS FORM 1564 (6-89)

Exhibit "A"

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8021252

147452

EUREKA COUNTY, NEVADA
M.N. REBAL EATI. RECORDER
FILE NO. FEE \$10.00

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OFFICIAL RECORDS
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Hony Backus
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