

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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COPIED

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.
CALVIN E. GORMAN

DATED this 28th day of October, 1993.

set forth.

reference is incorporated into this Paragraph as though herein fully

CERTIFICATE OF DEATH FLORIDA

LOCAL FILE NO. *1099444*

DECEDENT'S NAME (First, Middle, Last) **RICHARD JOSEPH GORMAN**

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

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

PLACE OF DEATH (Check only one, see instructions on other side) **HOSPITAL**

FACILITY NAME (If not hospital, give street and number) **Hospital of Palm Beach County**

CITY, TOWN, OR LOCATION OF DEATH **West Palm Beach**

COUNTY OF DEATH **Palm Beach**

DECEDENT'S USUAL OCCUPATION **owner & operator**

KIND OF BUSINESS/INDUSTRY **Water conditioning company**

MARRITAL STATUS - Married, New Married, Widowed, Divorced (Specify)

RESIDENCE - STATE **Florida**

CITY, TOWN, OR LOCATION **Palm Beach**

ZIP CODE **33408**

WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? Yes No

RACE - American Indian, Black, White, Other (Specify)

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

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

INFORMANT'S NAME (Type) **Calvin E. Gorman**

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

METHOD OF DISPOSITION Burial Cremation Removal from State

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

CITY, TOWN, OR LOCATION **Middletown, New York**

PERSON ACTING AS SUCH **St. Joseph Cemetery**

PERSONAL SERVICE LICENSE NO. **1022**

NAME AND ADDRESS OF PHYSICIAN (Medical Examiner) (Type or Print) **Lawrence A. Tappet, DO 2151-45th St. - West Palm Beach, FL 33407**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **Lawrence A. Tappet, DO**

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

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

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WARNING: ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH LINES AND SECURITY WATERMARK ON BACK. AND COLORED BACKGROUND AND GOLD EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA ON FRONT. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

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



HRS FORM 1564 (6-89)

CERTIFICATION OF VITAL RECORD

Exhibit "A"

BOOK 255 PAGE 344

BOOK 255 PAGE 345
8021212

147452

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

BOOK 255 PAGE 342
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Hony Backus
93 NOV 16 P1:52

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