156881

Affidavit-Termination of Joint Tenancy

(Death of a Joint Tenant)

I, LAWRENCE E. JOSSELYN, the Affiant, being of legal age, and being first duly sworn, deposes and says:

* That ROBERT VERNON HEATH (Deceased Name as shown on Death Certificate), the decedent mentioned in the attached certified copy Certificate of Death, is the same person as ROBERT V. HEATH (Deceased Name as shown on Deed),

named as one of the parties in that certain DEED (Type of Document),

dated on the 25 day of JUNE, 19 79, and executed by CATTLEMENS TITLE, known as "Grantor(s)" to LAWRENCE E. JOSSELYN AND ROBERT V. HEATH, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 68658, on the 6TH day of JULY, 19 79, in book 71 page 209, of Official Records of EUREKA County, Nevada, covering the following described property situated in the City of —, County of EUREKA, State of Nevada.

(Set forth legal description and commonly known street address, if known)

TOWNSHIP 30 NORTH, RANGE 48 EAST M.D.B.&M.
SECTION 15 NW¼ SE¼, SE¼

ASSESSOR'S PARCEL NO. (APN#) 5-210-35

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of $ 500.00

In Witness Whereof, I/We have hereunto set my hand/our hands this 29th day of NOVEMBER, 19 94

X Lawrence E. Josselyn
(Signature)

X LAWRENCE E. JOSSELYN
(Print or type name here)

X ~~DECEMBER~~ 28

(Signature)

(Print or type name here)

STATE OF ~~NEVADA~~ Massachusetts }
COUNTY OF Plymouth }

On this 28th day of December, 19 94 personally appeared before me, a Notary Public

Lawrence E. Josselyn

~~personally known to me~~ to be the person whose name(s) is subscribed to the above instrument who acknowledged that ~~he~~ executed the instrument. ID:Mass.Driver's License

M. Ellen Keane
(Notary Public)

My comm. exp.January 8, 1999

(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO

NAME
ADDRESS
CITY/ST/ZIP

If applicable mail tax statements to

NAME
ADDRESS
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

REGISTRY DIVISION OF THE CITY OF BOSTON

COUNTY OF SUFFOLK, COMMONWEALTH OF MASSACHUSETTS, UNITED STATES OF AMERICA

Certificate R Nº 075455

I, the undersigned, hereby certify that I hold the office of ..... City Registrar of the City of Boston and I certify the following facts appear on the records of Births, Marriages and Deaths kept in said City as required by law.

DEATH

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

006367 (REGISTERED NUMBER) — STATE USE ONLY

1 DECEDENT - NAME FIRST	MIDDLE	LAST	2 SEX	3 DATE OF DEATH (Mo., Day, Yr.)
Robert	Vernon	Heath	M	Sept.16,1992

4a PLACE OF DEATH (City/Town)	4b COUNTY OF DEATH	4c HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)
Boston	Suffolk	Mass. General Hospital

5 PLACE OF DEATH (Check only one): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)

6 SOCIAL SECURITY NUMBER: [redacted]

7 IF US WAR VETERAN SPECIFY WAR: WWII

8a WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.)	8b RACE (e.g. White, Black, American Indian, etc.) (Specify)	9 DECEDENT'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12)	College (1-4, 5+)
[ ] NO [ ] YES Specify:	White	12	4

10a AGE - Last Birthday (Yrs.)	UNDER 1 YEAR MOS b	DAYS	UNDER 1 DAY HOURS c	MINS	10d DATE OF BIRTH (Mo., Day, Yr.)	11 BIRTHPLACE (City and State or Foreign Country)
72					April 21,1920	Hudson, MA.

12 MARRIED, NEVER MARRIED WIDOWED OR DIVORCED	13 LAST SPOUSE (If wife, give maiden name)	14a USUAL OCCUPATION (Prior - If retired)	14b KIND OF BUSINESS OR INDUSTRY
N. Married	----------	Underwritter	Insurance Co.

15a RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY	15b ZIP CODE
1 Devonshire Place, Boston, Suffolk Co.	02109

16 FATHER - FULL NAME	17 STATE OF BIRTH (If not in US, name country)	18 MOTHER - NAME (GIVEN)	(MAIDEN)	19 STATE OF BIRTH (If not in US, name country)
Perley Edwin Heath	MA.	Mae	Allen	MA.

20 INFORMANT'S NAME	21 MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE	22 RELATIONSHIP
Henry A. Chesmore	319 Winter St, Holliston, MA. 01746	Cousin

23 METHOD OF DISPOSITION	24 FUNERAL SERVICE LICENSEE	25 LICENSE #
[ ] BURIAL [X] CREMATION [ ] ENTOMBMENT [ ] REMOVAL FROM STATE [ ] DONATION [ ] OTH. SPEC:	Henry A. Chesmore	4665

26a PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)	26b LOCATION (City/Town, State)
Mt. Auburn Crematory	Cambridge, MA.

27 DATE OF DISPOSITION (Mo., Day, Yr.)	28a/b NAME AND ADDRESS OF FACILITY
Sept.21,1992	Chesmore F.H. 854 Washington St. Holliston, MA. 01746

29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Esophageal Cancer Metastatic DUE TO (OR AS A CONSEQUENCE OF)	1 Year
Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. b.	DUE TO (OR AS A CONSEQUENCE OF)	
c.	DUE TO (OR AS A CONSEQUENCE OF)	
d.		

30 PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I	31 WAS AUTOPSY PERFORMED? (Yes or No)	32 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
	No	

33 WAS CASE REFERRED TO M.E.? (Yes or No)	34 MANNER OF DEATH	35a DATE OF INJURY (Mo., Day, Yr.)	35b TIME OF INJURY	35c INJURY AT WORK (Yes or No)
Yes	[X] NATURAL [ ] HOMICIDE [ ] COULD NOT BE DETERMINED [ ] ACCIDENT [ ] SUICIDE [ ] PENDING INVESTIGATION		M	

35d DESCRIBE HOW INJURY OCCURRED	35e PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify:	35f LOCATION (No. & St., City/Town, State)

To be Completed by CERTIFYING PHYSICIAN Only

36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature and Title) Thomas S. Durant M.D.

36b DATE SIGNED (Mo., Day, Yr.) September 16, 1992

36c HOUR OF DEATH 4:08 P. M

36d NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER Christine Albert M.D.

To Be Completed by MEDICAL EXAMINER Only

37a 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) stated. (Signature and Title)

37b DATE SIGNED (Mo., Day, Yr.)

37c HOUR OF DEATH M

37d PRONOUNCED DEAD (Mo., Day, Yr.)

37e PRONOUNCED DEAD (Hr.) M

NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) MASSACHUSETTS GENERAL HOSPITAL
Thomas S. Durant M.D. 55 Fruit Street Boston, Massachusetts 02114

39 LICENSE NO. OF CERTIFIER #25080

40a WAS THERE AN R.N. PRONOUNCEMENT? Yes or No	40b IF YES, DATE PRONOUNCED	40c IF YES, TIME PRONOUNCED	40d NAME OF PRONOUNCING REGISTERED NURSE
No		M	NAME

41 DATE BURIAL PERMIT ISSUED / SIGNATURE - BD OF HEALTH AGENT	42 RECEIVED IN THE CITY/TOWN OF / CLERK'S SIGNATURE	43 DATE OF RECORD
Sept 18, 1992 7149	Boston Judith A. McCarthy	SEP 23 1992

I further hereby certify that by annexation, the Records of the following-named cities and towns are in the custody of the City Registrar of Boston:—

	ANNEXED
Boston	1637
South Boston	1804
Dorchester	1868
Roxbury	1870
Charlestown, Brighton, West Roxbury	1874
Hyde Park	1912

WITNESS my hand and the SEAL of the CITY REGISTRAR

on this NOV 29 1994 Day of ..... A.D. 19 .....

Judith A. McCarthy *City Registrar*

By Chapter 314 of the Acts of 1892, "the certificates or attestations of the Assistant City Registrars shall have the same force and effect as that of the City Registrar."

BOOK 280 PAGE 405

BOOK 280 PAGE 404
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Lee Lepori
95 JAN 24 AM 11: 13

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 9.00

156881