

Attibait-Determination of Joint Tenancy
(Death of a Joint Tenant)

158042

I, Patricia P. Garate, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Roy Richard Garate (Deceased Name as shown on Death Certificate), the decedent mentioned in the attached certified copy Certificate of Death, is the same person as Roy R. Garate

(Deceased Name as shown on Deed)

named as one of the parties in that certain Joint Tenancy Deed (Type of Document)

dated on the 13th day of September, 19 90, and executed by Cattlemen's Title Guaratee Company, known as "Grantor(s)"

to Roy R. Garate and Patricia P. Garate, known as "Grantee(s)"

as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 133586 on the 17th day of September, 19 90, in book 214 pg 122 of Official Eureka County, Nevada, covering the following described property situated in the City of Beowawe, County of Eureka, State of Nevada.

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

TOWNSHIP 30 N, RANGE 48 E., M D B & M

SECTION 9 : NW4 NE4

APN #5-710-23

ASSESSOR'S PARCEL NO. (APN#) 5-710-23

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 \$ _____

In Witness Whereof, I/We have hereunto set my hand/our hands this 23 day of May, 19 95

(Signature) Patricia P. Garate

(Signature)

(Print or type name here)

(Print or type name here)

RECORDING REQUESTED BY AND MAIL TO

NAME Patricia P. Garate

ADDRESS HC30 Box 61

CITY/ST/ZIP Eiko, NV 89801

If applicable mail tax statements to

NAME Patricia P. Garate

ADDRESS HC30 Box 61

CITY/ST/ZIP Eiko, NV 89801

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

Personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that s/he executed the instrument.

(Notary Public) Glady Goicoechea

GLADY GOICOEHEA
Notary Public - State of Nevada
Appointment Recorded in Eureka County
MY APPOINTMENT EXPIRES OCT. 28, 1998



Nevada Legal Forms, Inc. (702) 670-6777 • Affidavit/Death of Joint Tenant • APF 111 G
C 1991 • 14 • 20 pg. CAUTION: If the ink on this form is BROWN it is an original.
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Consult an attorney if you doubt this form fits your purpose.

BOOK 283 PAGE 107

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

1. DECEASED—NAME First: Roy Middle: Richard Last: GARATE		2. DATE OF DEATH (Month, Day, Year) September 6, 1993		3. COUNTY OF DEATH Eureka	
4. CITY, TOWN, OR LOCATION OF DEATH Rural Eureka Co.		5. HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) I-80 MI. MKT. 276		6. SEX Male	
7. RACE—(a) White, Black, American Indian, etc. (Specify) White		8. WAS DECEASED OF HISPANIC ORIGIN? Specify yes or no if yes. No		9. STATE OF BIRTH (If not U.S.A., name country) California	
10. CITIZEN OF WHAT COUNTRY USA		11. GRADE COMPLETED 12		12. SURVIVING SPOUSE (If wife, give maiden name) Patricia Pauline Mckee	
13. SOCIAL SECURITY NUMBER [REDACTED]		14. USUAL OCCUPATION (Give kind of work (home during most of Working Life, Even if Retired) Truck Driver		15. INSIDE CITY LIMITS NO	
16. RESIDENCE—STATE Nevada		17. CITY, TOWN, OR LOCATION Eureka		18. STREET AND NUMBER R.F.D.	
19. FATHER—NAME First: John Middle: Richard Last: Morgan		20. MOTHER—MAIDEN NAME First: Leona Middle: Garate Last: Morgan		21. MARRIAGE—NEVER MARRIED, MARRIED, DIVORCED, WIDOWED, REMARRIED (Specify)	
22. INFORMANT—NAME (Type or Print) Patricia Garate		23. MAILING ADDRESS P.O. Box 1 Beawawe, Nevada 89821		24. LOCATION City or Town: Beawawe State: Nevada	
25. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		26. FUNERAL HOME, NAME AND ADDRESS OF FACILITY Beawawe Cemetery		27. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) [Signature]	
28. LICENSE NUMBER 7		29. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner, or Coroner) (Type or Print) Kenneth E. Jones, P.O. Box 736, Eureka, Nevada 89316		30. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 9-29-93	
31. REGISTRAR [Signature]		32. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 9-29-93		33. DEATH DUE TO COMMUNICABLE DISEASE NO	
34. PART I (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Mycobacterial Infection		35. PART II (b) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. None		36. PART III (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. None	
37. DATE OF INJURY (Mo., Day, Yr.) None		38. HOUR OF INJURY None		39. DESCRIBE HOW INJURY OCCURRED None	
40. PLACE OF INJURY—(At home, farm, street, factory, office, building, etc. (Specify)) None		41. LOCATION None		42. STREET OR R.F.D. No. None	
43. CITY OR TOWN None		44. STATE None		45. COUNTY OF DEATH None	

DEATH
 CAUSE OF DEATH
 CAUSE LAST
 CAUSE
 IMMEDIATE
 RISE TO
 IF ANY
 CONDITIONS

CERTIFIER
 To be Completed by
 CERTIFYING PHYSICIAN

DISPOSITION
 BURIAL, CREMATION, REMOVAL, OTHER (Specify)

PARENTS
 FATHER—NAME
 MOTHER—MAIDEN NAME

DECEASED
 TYPE
 OR PRINT
 IN
 PERMANENT
 BLACK INK

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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

Date issued: **OCT 26 1993**

By *[Signature]* Deputy Registrar

No. 051046

STATE OF NEVADA

BOOK 283 PAGE 06

BOOK 283 PAGE 109

COPY

158042

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

BOOK 283 PAGE 107
RECORDED AT THE REQUEST OF
Valeria P. Monte
95 MAY 23 PM 4:49