

AFFIDAVIT TERMINATING JOINT TENANCY

158111

STATE OF NEVADA )  
                          ) : ss.  
COUNTY OF F/20 )

DENISE R. LEMLER, being first duly sworn, deposes and says:

That she is the surviving joint tenant of the property

described and granted in the following Deed:

That certain Deed dated June 17, 1985, and recorded in Book 136 of Official Records, Page 392, File No. 99498, Office of the

Eureka County Recorder, Eureka, Nevada, on June 17, 1985, wherein

HAROLD LEMLER is the grantor, and HAROLD LEMLER and DENISE R. LEMLER,

his wife, are the grantees, as joint tenants with right of survivor-

ship, of the following described real property situate in the County

of Eureka, State of Nevada:

Lots 1, 2, 3, 4 and 5 of Block 17 of the Town of

Beowawe as shown on the plat filed in the Office of

the Eureka County Recorder as File No. 2166, Eureka

County, Nevada, on June 15, 1908; filed in Book 1 of

Surveys at Page 182

TOGETHER with any and all buildings and improvements

situate thereon.

TOGETHER with the tenements, hereditaments and appur-

tenances thereunto belonging or appertaining, and the

reversion and reversions, remainder and remainders,

rents, issues and profits thereof.

That HAROLD LEMLER, named as one of the grantees in the above

mentioned Deed, died on April 18, 1995, at Battle Mountain, Nevada,

and is the same person as HAROLD LEE LEMLER named in the certified

ROSS P. EARDLEY

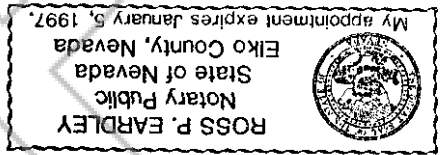
ATTORNEY AT LAW

469 IDAHO STREET

ELKO, NEVADA 89801

TELEPHONE (702) 738-4046 - FAX (702) 738-6286

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NOTARY PUBLIC

*Ross P. Eardley*

DENISE R. LEMLER.

Signed and sworn to before me on June 1, 1995, by

STATE OF NEVADA )  
: SS. )  
COUNTY OF E/20 )

DENISE R. LEMLER

*Denise R. Lemler*

DATED: June, 1995.

surviving joint tenant.

above described property is now vested in DENISE R. LEMLER, as

That by reason of the death of HAROLD LEMLER, the title to the

set forth in full.

which Exhibit is hereby referred to and incorporated herein as though

copy of the Certificate of Death attached hereto as Exhibit "A",

# 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

STATE FILE NUMBER  
**95 003788**

1 DECEASED-NAME (First, Middle, Last) <b>Harold Lee Lemler</b>		1a COUNTY OF DEATH <b>Washoe</b>	
1b CITY, TOWN, OR LOCATION OF DEATH <b>Battle Mountain</b>		1c HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street and number) <b>Battle Mountain Hospital</b>	
2a RACE (1-9: White, Black, American Indian, etc.) (Specify) <b>White</b>		2b AGE-Last Birthday (Years) <b>67</b>	
3 CITIZEN OF WHAT COUNTRY <b>USA</b>		4 DATE OF BIRTH (Mo., Day, Yr.) <b>November 24, 1927</b>	
5 STATE OF BIRTH (If not U.S.A., name country) <b>Missouri</b>		6 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	
7 SOCIAL SECURITY NUMBER <b>585</b>		8 SURVIVING SPOUSE (If wife, give maiden name) <b>Denise Rogers</b>	
9 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pipe Fitter</b>		10 KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
11 RESIDENCE-STATE <b>Nevada</b>		12 CITY, TOWN, OR LOCATION <b>Battle Mountain</b>	
13 COUNTY <b>Washoe</b>		14a STREET AND NUMBER <b>#10 Beowawe Rd.</b>	
14b CITY, TOWN, OR LOCATION <b>Beowawe</b>		15 INSIDE CITY LIMITS <b>NO</b>	
15a FATHER-NAME (First, Middle, Last) <b>Eureka Beowawe</b>		15b MOTHER-MAIDEN NAME (First, Middle, Last) <b>#10 Beowawe Rd.</b>	
16 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>#10 Beowawe Rd. Beowawe, NV 89821</b>		17	
18a INFORMANT-NAME (Type or Print) <b>Denise Lemler</b>		18b #10 Beowawe Rd. Beowawe, NV 89821	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY-NAME <b>Sunset Crematory</b>	
19c CITY or Town, State <b>Biko Nevada</b>		19d LICENSE NUMBER <b>89803</b>	
20a FURNERAL DIRECTOR-SIGNATURE (If Person Acting as Embalmer) <b>[Signature]</b>		20b FURNERAL DIRECTOR LICENSE NUMBER <b>7</b>	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <b>4/18/95</b>		21b DATE SIGNED (Mo., Day, Yr.) <b>04-21-95</b>	
21c HOUR OF DEATH <b>0900</b>		21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>[Signature]</b>	
21e		21f PRONOUNCED DEAD (Mo., Day, Yr.) <b>04/19/95</b>	
21g		21h PRONOUNCED DEAD (Hour) <b>0925</b>	
21i		21j LICENSE NUMBER <b>0925</b>	
22a 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) and manner stated. <b>Respiratory Arrest</b>		22b DATE SIGNED (Mo., Day, Yr.) <b>04-21-95</b>	
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23a REGISTRAR <b>Mike Kranovich, deputy coroner, NV 89820</b>		23b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>April 28, 1995</b>	
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25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) <b>Respiratory Arrest</b>		25a	
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EXHIBIT "A"  
No. 73013  
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WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT  
Date Issued: **MAY 10 1995**  
Deputy Registrar  
This is to certify that the above is a true and correct copy of the certificate on file in this office.  
By: **[Signature]**

CAUSE OF DEATH  
CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE  
STARTING UNDERLYING CAUSE LAST

CERTIFIER  
DISPOSITION  
PARENTS  
DECEDENT  
TYPE OR PRINT IN PERMANENT BLACK INK

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COPY

158111

BOOK 283 PAGE 350  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Road Corridor*  
95 JUN - 8 AM 11: 28  
EUREKA COUNTY HEVADA  
M.N. REBALATI. RECORDER  
FILE NO.  
FEES 10.00