

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA )  
                  ) : SS.  
                  ) COUNTY OF

ELMER F. SCHROEDER, being first duly sworn, deposes and says:

That he is the surviving joint tenant of the property

described and granted in the following Deed:

That certain Deed dated January 25, 1990, and recorded in Book

208 of Official Records, Page 130, File No. 131435, Office of the

Eureka County Recorder, Eureka, Nevada, on February 7, 1990, wherein

ELWOOD R. WRIGHT, an unmarried man, is the grantor, and ELMER F.

SCHROEDER and ELNA RUTH SCHROEDER, husband and wife, are the

grantees, as joint tenants with right of survivorship, of the follow-

ing described real property situate in the County of Eureka, State of

Nevada:

Lots 9 and 13 in Block 4, as shown on the official

plat of said subdivision of CRESCENT VALLEY RANCH AND

FARMS, INC., UNIT NO. 1, filed in the Office of the

County Recorder of Eureka County, Nevada, on April 6,

1959, as Document No. 34081.

EXCEPTING THEREFROM all petroleum, oil, natural gas

and products derived therefrom, within or underlying

said land or that may be produced therefrom, and all

rights thereto, as reserved by SOUTHERN PACIFIC LAND

COMPANY in Deed recorded September 24, 1951, in Book

24 of Deeds at Page 168, Eureka County, Nevada.

TOGETHER with any and all buildings and improvements

situate thereon.

TOGETHER with the tenements, hereditaments and appur-

tenances thereto belonging or appertaining, and the

ROSS P. EARDLEY

ATTORNEY AT LAW

468 IDAHO STREET

ELKO, NEVADA 89801

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

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reversion and reversions, remainder and remainders,  
rents, issues and profits thereof.

That ELNA RUTH SCHROEDER, named as one of the grantees in the

above mentioned Deed, died on March 24, 1994, at Crescent Valley,

Nevada, and is the same person as ELNA RUTH SCHROEDER named in the

certified copy of the Certificate of Death attached hereto as Exhibit

"A", which exhibit is hereby referred to and incorporated herein as

though set forth in full.

That by reason of the death of ELNA RUTH SCHROEDER, the title

to the above described property is now vested in ELMER F. SCHROEDER,

as surviving joint tenant.

DATED:

August 18, 1995.

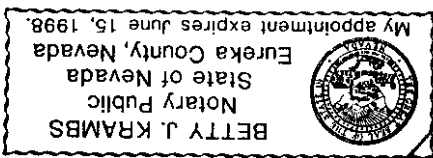
Elmer F. Schroeder  
ELMER F. SCHROEDER

STATE OF NEVADA  
: )  
: SS. )  
COUNTY OF EUREKA )

Signed and sworn to before me on August 18, 1995, by

ELMER F. SCHROEDER.

Betty J. Krambs  
NOTARY PUBLIC



Address: P.O. Box 6  
Crescent Valley, NV 89821  
APN 02-023-15

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**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**

LOCAL FILE NUMBER \_\_\_\_\_ STATE FILE NUMBER \_\_\_\_\_

1. DECEASED—NAME: First **Elna** Middle **Ruth** Last **SCHROEDER**  
 DATE OF DEATH (Month, Day, Year) **2 March 24, 1994** COUNTY OF DEATH **Eureka** SEX **Female**

2. CITY, TOWN, OR LOCATION OF DEATH **Crecent Valley**  
 HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) \_\_\_\_\_  
 If Hosp. or Inst. indicate DOA, O.P.F.M., or Inpatient (Specify) \_\_\_\_\_

3. AGE—Last **65** Birth (Year) **65** Under 1 Year \_\_\_\_\_  
 Under 1 Day \_\_\_\_\_ Hours \_\_\_\_\_ Mins \_\_\_\_\_  
 DATE OF BIRTH (Mo., Day, Yr.) **February 15, 1929**

4. SURVIVING SPOUSE (If wife, give maiden name) \_\_\_\_\_  
 MARRIED, NEVER MARRIED, DIVORCED, WIDOWED, SEPARATED \_\_\_\_\_  
 SOCIAL SECURITY NUMBER **12**

5. STATE OF BIRTH (If not U.S.A., name country) \_\_\_\_\_  
 CITIZEN OF WHAT COUNTRY \_\_\_\_\_  
 Decedent's Education, Specify: highest grade completed \_\_\_\_\_  
 USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) \_\_\_\_\_  
 14c. Postal Service 14b. Rural Mail Carrier

6. RESIDENCE—STATE **Nevada** COUNTY **Eureka** CITY, TOWN, OR LOCATION \_\_\_\_\_  
 STREET AND NUMBER \_\_\_\_\_  
 15d. 2nd St. & Eureka Ave. 15c. Crescent Valley

7. FATHER—NAME: First **William** Middle **Warren** Last **Derrick**  
 MOTHER—MAIDEN NAME: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

8. INFORMANT—NAME (Type or Print) **Elmer Schroeder** MAILING ADDRESS \_\_\_\_\_  
 18b. P.O. Box 6 Crescent Valley, NV 89821

9. BURIAL, CREMATION, REMOVAL, OTHER (Specify) **Burial**  
 CEMETERY OR CREMATORY—NAME **Burns Memorial Garden** LOCATION **Eiko Nevada**  
 19c. Eiko Nevada

10. FUNERAL DIRECTOR—SIGNATURE \_\_\_\_\_  
 (Or Person Acting as Such) \_\_\_\_\_  
 20a. **Elmer Schroeder**  
 FUNERAL DIRECTOR LICENSE NUMBER \_\_\_\_\_  
 NAME AND ADDRESS OF FACILITY **Burns Funeral Home, Inc. P.O. Box 689 Eiko, NV 89803**

11. 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated \_\_\_\_\_  
 (Signature and Title) \_\_\_\_\_  
 DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

12. 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) \_\_\_\_\_  
 DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

13. 21c. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print) \_\_\_\_\_  
 21d. ON \_\_\_\_\_  
 22d. ON **03-24-94**  
 PRONOUNCED DEAD (Mo., Day, Yr.) \_\_\_\_\_  
 22e. AT **07:30**  
 PRONOUNCED DEAD (Hour) \_\_\_\_\_

14. 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) stated \_\_\_\_\_  
 (Signature and Title) \_\_\_\_\_  
 DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

15. 22b. DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

16. 22c. DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

17. 22d. ON \_\_\_\_\_  
 PRONOUNCED DEAD (Mo., Day, Yr.) \_\_\_\_\_  
 22e. AT **07:30**  
 PRONOUNCED DEAD (Hour) \_\_\_\_\_

18. 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) stated \_\_\_\_\_  
 (Signature and Title) \_\_\_\_\_  
 DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

19. 22b. DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

20. 22c. DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

21. 22d. ON \_\_\_\_\_  
 PRONOUNCED DEAD (Mo., Day, Yr.) \_\_\_\_\_  
 22e. AT **07:30**  
 PRONOUNCED DEAD (Hour) \_\_\_\_\_

22. 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) stated \_\_\_\_\_  
 (Signature and Title) \_\_\_\_\_  
 DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

23. 22b. DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

24. 22c. DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

25. 22d. ON \_\_\_\_\_  
 PRONOUNCED DEAD (Mo., Day, Yr.) \_\_\_\_\_  
 22e. AT **07:30**  
 PRONOUNCED DEAD (Hour) \_\_\_\_\_

26. 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) stated \_\_\_\_\_  
 (Signature and Title) \_\_\_\_\_  
 DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

27. 22b. DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

28. 22c. DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

29. 22d. ON \_\_\_\_\_  
 PRONOUNCED DEAD (Mo., Day, Yr.) \_\_\_\_\_  
 22e. AT **07:30**  
 PRONOUNCED DEAD (Hour) \_\_\_\_\_

30. 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) stated \_\_\_\_\_  
 (Signature and Title) \_\_\_\_\_  
 DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

31. 22b. DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

32. 22c. DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

33. 22d. ON \_\_\_\_\_  
 PRONOUNCED DEAD (Mo., Day, Yr.) \_\_\_\_\_  
 22e. AT **07:30**  
 PRONOUNCED DEAD (Hour) \_\_\_\_\_

34. 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) stated \_\_\_\_\_  
 (Signature and Title) \_\_\_\_\_  
 DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

28a. INJURY AT WORK (Specify Yes or No) \_\_\_\_\_  
 28b. PLACE OF INJURY—At home, farm, street, building, etc. (Specify) \_\_\_\_\_  
 28c. LOCATION \_\_\_\_\_  
 28d. STREET OR R.F.D. No. \_\_\_\_\_  
 28e. CITY OR TOWN \_\_\_\_\_  
 28f. STATE \_\_\_\_\_

29. ACCIDENT HOME, UNDET. DATE OF INJURY (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF INJURY \_\_\_\_\_  
 DESCRIBE HOW INJURY OCCURRED \_\_\_\_\_

30. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. \_\_\_\_\_  
 (c) \_\_\_\_\_  
 (b) **pneumatic Heart Disease**  
 DUE TO, OR AS A CONSEQUENCE OF \_\_\_\_\_  
 (a) **Myocardial Infarction**  
 DUE TO, OR AS A CONSEQUENCE OF \_\_\_\_\_

31. 23a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) \_\_\_\_\_  
 23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **4-1-94**  
 23c. DEATH DUE TO COMMUNICABLE DISEASE \_\_\_\_\_  
 23d. YES  NO

32. 24a. REGISTRAR (Signature) **William Thomas**  
 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **4-1-94**  
 24c. DEATH DUE TO COMMUNICABLE DISEASE \_\_\_\_\_  
 24d. YES  NO

33. 25a. REGISTRAR **Kenneth E. Jones, P.O. Box 736, Eureka, Nevada 89316**  
 25b. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print) \_\_\_\_\_  
 25c. LICENSE NUMBER \_\_\_\_\_

34. 26a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) \_\_\_\_\_  
 26b. DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 26c. HOUR OF DEATH \_\_\_\_\_

35. 27a. NAME AND ADDRESS OF FACILITY **Burns Funeral Home, Inc. P.O. Box 689 Eiko, NV 89803**  
 27b. FUNERAL DIRECTOR LICENSE NUMBER \_\_\_\_\_  
 27c. NAME AND ADDRESS OF FACILITY \_\_\_\_\_

36. 28a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) **Burial**  
 28b. CEMETERY OR CREMATORY—NAME **Burns Memorial Garden** LOCATION **Eiko Nevada**  
 28c. CITY OR TOWN \_\_\_\_\_  
 28d. STATE \_\_\_\_\_

37. 29a. INFORMANT—NAME (Type or Print) **Elmer Schroeder** MAILING ADDRESS \_\_\_\_\_  
 29b. P.O. Box 6 Crescent Valley, NV 89821

38. 30a. FUNERAL DIRECTOR—SIGNATURE \_\_\_\_\_  
 (Or Person Acting as Such) \_\_\_\_\_  
 30b. FUNERAL DIRECTOR LICENSE NUMBER \_\_\_\_\_  
 30c. NAME AND ADDRESS OF FACILITY **Burns Funeral Home, Inc. P.O. Box 689 Eiko, NV 89803**

39. 31a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated \_\_\_\_\_  
 (Signature and Title) \_\_\_\_\_  
 DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

40. 31b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) \_\_\_\_\_  
 DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_

41. 31c. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print) \_\_\_\_\_  
 31d. ON \_\_\_\_\_  
 31e. PRONOUNCED DEAD (Mo., Day, Yr.) \_\_\_\_\_  
 31f. PRONOUNCED DEAD (Hour) \_\_\_\_\_

42. 31a. 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) \_\_\_\_\_  
 DATE SIGNED (Mo., Day, Yr.) \_\_\_\_\_  
 HOUR OF DEATH \_\_\_\_\_



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

Deputy Registrar

Date Issued: **APR 05 1994**

This is to certify that the above is a true and correct copy. By: \_\_\_\_\_



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**SEAL**  
**Attested**  
 \_\_\_\_\_  
 No. 064736

Exhibit "A"

COPY

BOOK 285 PAGE 273

158594

BOOK 285 PAGE 270  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Ernie F. Johnson*  
95 AUG 25 AM 11:00  
EUREKA COUNTY NEVADA  
M.N. REBALVALI, RECORDER  
FILE NO.  
FEES 10.00