

TERMINATION OF JOINT TENANCY AFFIDAVIT

STATE OF NEVADA)
COUNTY OF EUREKA)

ss. :

STATE OF NEVADA)
COUNTY OF EUREKA)

Johnson W. Lloyd being first duly sworn, deposes and says:

That Rose Lloyd, his wife died on September 9, 1995 at Eureka, Nevada.

That the following described real property situated in the town of

Eureka, Nevada was held in joint tenancy, with right of survivorship between

Johnson W. Lloyd and Rose Lloyd.

Lots 1 and 2 in Block 14 of

the town of Eureka, County

of Eureka, State of Nevada,

with improvements thereon.

TOGETHER with the tenements,

hereditments, and appurten-

ances thereunto belonging or

appertaining, and the rever-

sion and reversions, remain-

der and remainders, rents,

issues and profits thereon.

That a copy of the death certificate of Rose Lloyd is hereto attached.

Dated this 13th day of November, 1995.

Johnson W. Lloyd

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

SUBSCRIBED and SWORN to before me this 13th day of November, 1995.

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



Gladys Goicoechea
NOTARY PUBLIC

APN 01-108-01

Grantees Address

Johnson W. Lloyd

P.O. Box 304

Eureka, NV 89316

COOPER

BOOK 289 PAGE 42
-2-

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

DECEASED—NAME—First Middle Last Rose Estelle LLOYD		DATE OF DEATH (Month, Day, Year) September 9, 1995		COUNTY OF DEATH Eureka	
CITY, TOWN, OR LOCATION OF DEATH Eureka		HOSPITAL, OR OTHER INSTITUTION—Name (if not either, give street and number) Buel & Bateman		SEX Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		WAS DECEASET OF HISPANIC ORIGIN? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. No		AGE—Last Birth (Years) 83	
STATE OF BIRTH Nevada		CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	
SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) Owner		KIND OF BUSINESS OR INDUSTRY Newspaper	
RESIDENCE—STATE Nevada		CITY, TOWN, OR LOCATION Eureka		STREET AND NUMBER [REDACTED]	
FATHER—NAME—First Middle Last Angelo Debernardi		MOTHER—MAIDEN NAME—First Middle Last Angeline Arriaga		INSIDE CITY LIMITS Yes	
INFORMANT—NAME (Type or Print) Johnson W. Lloyd		MAILING ADDRESS P. O. Box 304 Eureka, NV 89316		CITY or Town State Eureka Nevada	
BURL, CREMATION, REMOVAL, OTHER (Specify) Cremation		CEMETERY OR CREMATORY—NAME Sunset Crematory		FUNERAL DIRECTOR—NAME AND ADDRESS OF FACILITY Burns Funeral Home, Inc., P.O. Box 499 Eureka, NV 89803	
FUNERAL DIRECTOR—SIGNATURE <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 7		DATE SIGNED (Mo., Day, Yr.) 09-14-95	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [REDACTED]		DATE SIGNED (Mo., Day, Yr.) 09-14-95		HOUR OF DEATH 19:55 PM	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kenneth E. Jones, P.O. Box 736, Eureka, Nevada 89316		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 9/14/95		DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
REGISTRAR <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 9/14/95		DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PART I (a) Myocardial Infarction		PART I (b) Coronary Artery Disease		PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I	
DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Interval between onset and death Immediate		Interval between onset and death 410		WAS CASE REFERRED TO COMMONER (Specify Yes or No) Yes	
ACC., SUICIDE, HOMICIDE, OR PENDING INVEST.		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		LOCATION	
STREET OR R.F.D. No.		CITY OR TOWN		STATE	

TYPE ON PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH



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

Issued: **SEP 28 1995**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

No. 84952

BOOK 289 PAGE 43



By *[Signature]*
Deputy Registrar

BOOK 289 PAGE 44

COPY

159819

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES \$ 10.00

BOOK 289 PAGE 44
RECORDED AT THE REQUEST OF
Johnson & Boyd
95 NOV 14 AM 9:45