

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

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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)



Gladly Goicoechea
NOTARY PUBLIC

APN 01-108-01

Grantees Address

Johnson W. Lloyd
P.O. Box 304
Eureka, NV 89316

COOPER

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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**

1 DECEASED NAME - FIRST, MIDDLE, LAST Rose Estelle LLOYD		2 DATE OF DEATH (Month, Day, Year) September 9, 1995		3a COUNTY OF DEATH Eureka	
3b CITY, TOWN, OR LOCATION OF DEATH Eureka		3c HOSPITAL, OR OTHER INSTITUTION - Name (if not either, give street and number) Buel & Bateman		3d SEX Female	
4 DATE OF BIRTH (Mo., Day, Yr.) July 12, 1912		5 RACE - (e.g., White, Black, American Indian, etc.) (Specify) White		6 Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a AGE - Last Birthday (Years) 83		7b UNDER 1 YEAR 7		7c UNDER 1 DAY 7	
8 STATE OF BIRTH Nevada		9a CITIZEN OF WHAT COUNTRY USA		9b Decedent's Education. Specify highest grade completed. 12	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married		11 SURVIVING SPOUSE (If wife, give maiden name) Johnson W. Lloyd		12 SOCIAL SECURITY NUMBER 021	
13 USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired) Owner		14a KIND OF BUSINESS OR INDUSTRY Newspaper		14b RESIDENCE - STATE Nevada	
15a RESIDENCE - CITY, TOWN, OR LOCATION Eureka		15b CITY, TOWN, OR LOCATION Eureka		15c STREET AND NUMBER Buel & Bateman	
15d INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER - NAME - FIRST, MIDDLE, LAST Angelo Debernardi		17 MOTHER - MAIDEN NAME - FIRST, MIDDLE, LAST Angelina Arriagón	
18a INFORMATION - NAME (Type or Print) Johnson W. Lloyd		18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P. O. Box 304 Eureka, NV 89316		18c BIRTHAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19a NAME AND ADDRESS OF FACILITY Sunset Crematory		19b CITY or Town, State Eureka Nevada		19c ZIP CODE 89803	
20a FUNERAL DIRECTOR - SIGNATURE <i>[Signature]</i>		20b FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY Burns Funeral Home, Inc. P.O. Box 49 Eureka, NV		20c LICENSE NUMBER 7	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Myocardial Infarction		21b DATE SIGNED (Mo., Day, Yr.) 09-14-95		21c HOUR OF DEATH 19:55 PM	
21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Thomas		22a To be completed by Coroner's Office DATE SIGNED (Mo., Day, Yr.) 09-14-95		22b HOUR OF DEATH 19:55 PM	
22c PRONOUNCED DEAD (Mo., Day, Yr.) 09-09-95		22d ON 09-09-95		22e AT 19:55 PM	
23a 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		23b LICENSE NUMBER		23c DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 9/14/95	
24a REGISTRAR SIGNATURE <i>[Signature]</i>		24b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 9/14/95		24c DEATH DUE TO COMMUNICABLE DISEASE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Myocardial Infarction (b) Coronary Artery Disease (c) 410		26 INTERVAL BETWEEN ONSET AND DEATH Immediate		27 INTERVAL BETWEEN ONSET AND DEATH Immediate	
28a ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. None		28b DATE OF INJURY (Mo., Day, Yr.)		28c HOUR OF INJURY	
28d PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		28e LOCATION		28f STREET OR R.F.D. No., CITY OR TOWN, STATE	
28g INJURY AT WORK (Specify Yes or No)		28h		28i	
28j		28k		28l	

TYPE ON PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

VITAL STATISTICS

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT


By *[Signature]* Deputy Registrar

SEP 28 1995

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

No. 84952

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COPY

159819

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

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RECORDED AT THE REQUEST OF
Johnson & Boyd
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