

Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)

I, GERDA S. WALLIS, the Affiant,

being of legal age, and being first duly sworn, deposes and says:

That DELBERT B. WALLIS ^{BENJAMIN}, the decedent
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as DELBERT B. WALLIS,
(Deceased Name as shown on Deed)

named as one of the parties in that certain WARRANTY DEED,
(Type of Document)

dated on the 29th day of March, 19 79, and executed by _____

to F. Janacek and Mae Janacek, known as "Grantor(s)"
to Delbert B. Wallis and Gerda S. Wallis, known

as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. Document # 68836, on the
6th day of August, 19 79, in book 71 Page 488, of Official

Records of Eureka County, Nevada, covering the following described property situated in the City of
_____, County of Eureka, State of Nevada.

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

T30N, R48E, Sec 29 M.D.B.&M. SE1/4, NW1/4, NW1/4

ASSESSOR'S PARCEL NO. (APN#) 005-180-41

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 \$ 1000⁰⁰

In Witness Whereof, I/We have hereunto set my hand/our hands this 11 day of September, 19 96

(Signature)

(Signature)

(Print or type name here)

(Print or type name here)

STATE OF ~~NEVADA~~ ARIZONA)

COUNTY OF MARICOPA)

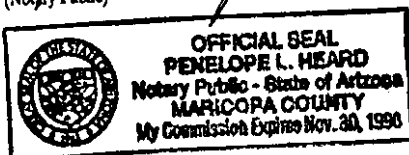
On this 11th day of Sept., 19 96
personally appeared before me, a Notary Public

Gerda S. Wallis

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

Penelope L. Heard
(Notary Public)

(Notary Stamp)



RECORDING REQUESTED BY AND MAIL TO

NAME
ADDRESS
CITY/ST/ZIP

Gerda Wallis
3539 W. El Caminito Dr.
Phoenix, AZ 85051
PH: (602) 242-5550

NAME
ADDRESS
CITY/ST/ZIP

If applicable mail tax statements to
Gerda Wallis
3539 W. El Caminito Dr.
Phoenix, AZ 85051
PH: (602) 242-5550

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS DEATH NO. CERTIFICATE OF DEATH D 102-

Main form containing personal information: Name (DELBERT BENJAMIN WALLIS), Sex (MALE), Date of Death (NOVEMBER 21, 1993), Birth Date (FEBRUARY 6, 1925), Residence (ARIZONA, MARICOPA, PHOENIX), and cause of death (MYOCARDIAL INFARCTION).

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA COUNTY OF MARICOPA

DATE ISSUED Dec 2, 1993

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Hani R. Saigh Chief Deputy County Registrar Maricopa County Department of Health Services

BOOK 30 | PAGE 2 | 4

This copy not valid unless prepared on engraved border, displaying county seal in color and raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



BOOK 301 PAGE 213
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Sherda S. Wallis
96 OCT -7 AM 9:32

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

164688

COPY

BOOK 301 PAGE 215