

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

I, MARY ELIZABETH TISUE, the affiant, being of legal age, and being first duly sworn, deposes and says:

That EDWARD JUNIOR MELKA, the decedent mentioned in the attached certified copy of Certificate of Death, is the person as

EDWARD JUNIOR MELKA, named as one of the parties in that certain JOINT TENANCY DEED, dated on the 28th day of January, 19 94, and executed by

EDWARD A. and HELEN S. MELKA, known as "Grantor(s)" to EDWARD JUNIOR MELKA and MARY ELIZABETH TISUE known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 150217, on the 31st day of January, 19 94 in book 264 Page 050, of Official Records of EUREKA County, Nevada, covering the following described property situated in the City of EUREKA County of EUREKA, State of Nevada.

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

**LOTS 2-7 IN BLOCK 39A ACCORDING TO THE USDI GENERAL LAND OFFICE MAP DATED 11/19/37.  
TOGETHER WITH ALL BUILDINGS AND IMPROVEMENTS SITUATED THEREON.**

**SAVE AND EXCEPT THEREFROM Right of Way from Public Highway deeded to State of Nevada and recorded in Book 24 of Deeds, Page 229, Records of Eureka County, Nevada, and described as follows:**

**All that portion of Lot 2 Block 39A of said new Townsite of Eureka that lies easterly of the State Highway Right of Way line, which line is forty (40) feet right or westerly of and parallel to the State Highway center line and extending between Highway Engineer's Station "X" 581+77.93 P.O.T. and "X" 582+56.05 P.O.T.; said parcel contains 0.014 of an acre, more or less.**

**ASSESSOR'S PARCEL NO. (APN#)** 1-033-06

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 \$ \_\_\_\_\_.

IN WITNESS WHEREOF, I/We have hereunto set my hand/our hands this 23 day of October, 19 96.

Mary Elizabeth Tisue  
(Signature)

\_\_\_\_\_  
(Signature)

MARY ELIZABETH TISUE  
(Print or type name here)

\_\_\_\_\_  
(Print or type name here)

STATE OF NEVADA )  
COUNTY OF Eureka ) ss.

RECORDING REQUESTED BY AND MAIL TO

NAME  
ADDRESS  
CITY/ST/ZIP

On this 23 day of October, 19 96  
personally appeared before me, a Notary Public

Mary Elizabeth Tisue  
personally known to me to be the person whose name(s) subscribed to the above instrument who acknowledged that she executed the instrument.

If applicable mail tax statements to

NAME Mary Tisue  
ADDRESS Box 661  
CITY/ST/ZIP Tonopah, NV 89049



Gladys Goicoechea  
Notary Public - State of Nevada  
Appointment Recorded in Eureka County  
MY APPOINTMENT EXPIRES OCT. 28, 1998

# STATE OF ARIZONA

## Certified Copy of Vital Record

ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

DEATH NO. 94-010942  
D 102-

NAME OF DECEASED A. FIRST EDWARD B. MIDDLE JUNIOR C. LAST MELKA			SEX Male	DATE OF DEATH July 3, 1994		
RACE (e.g., white, black, American Indian, [specify tribe] etc.) White			WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) Yes			
PLACE OF BIRTH A. COUNTY Maricopa B. TOWN OR CITY Scottsdale C. HOSPITAL OR INSTITUTION Scottsdale Memorial Hosp. North			D. DOA OP EMER. IN PATIENT			
DATE OF BIRTH February 2, 1937 AGE (YEARS LAST BIRTHDAY) 57 IF UNDER 1 YEAR MOS. DAYS HRS. MIN.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Cindy Lee Forbes			
STATE AND CITY OF BIRTH (if not in U.S., name country) Negaunee, Michigan, U.S. of Amer.			CITIZEN OF WHAT COUNTRY? U.S. of Amer.			
USUAL RESIDENCE A. STATE Colorado B. COUNTY Ouray C. TOWN OR CITY Ridgway			D. ZIP CODE 81432			
STREET ADDRESS OR R.F.D. 226 South Laura			HOW LONG IN ARIZONA? 5 Days			
INSIDE CITY LIMITS? (SPECIFY Yes or No) Yes			PREVIOUS STATE OF RESIDENCE No			
FATHER'S NAME Edward Arthur Melka			MOTHER'S MAIDEN NAME Helen Smith			
INFORMANT'S SIGNATURE By: Cindy Lee Melka			RELATIONSHIP TO DECEASED Wife			
DATE 7-5-94			ADDRESS 226 South Laura			
CITY AND STATE Ridgway, Colorado			ZIP CODE 81432			
FUNERAL HOME Messinger Mortuary & Chapel 7601 E. Indian School Rd., Scottsdale, Arizona			FURNAL DIRECTOR'S SIGNATURE (Signature)			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			ON THE BASIS OF EXAMINATION, DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.			
30. SIGNATURE AND TITLE (Type or Print) Francis Owl Smith, M.D., Medical Examiner 120 S. 6th Ave., Phoenix, AZ 85003			34. SIGNATURE AND TITLE (Type or Print) Francis Owl Smith, M.D. DATE SIGNED (Mo., Day, Year) 7-4-94			
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			35. HOUR OF DEATH 1643			
32. DATE SIGNED (Mo., Day, Year)			36. PRONOUNCED DEAD (How) AT 1643			
33. NAME AND ADDRESS OF CERTIFIER (Type or Print) JUL 11 1994			37. AUTHORIZED FOR CREMATION (SPECIFY) Yes No			
38. REG. FILE NO. 11216			39. REG. DISTRICT 0703			
40. REGISTRAR'S SIGNATURE (Signature)			41. DATE REC'D. IN STATE OFFICE AUG 29 1994			
42. SEQUENTIALLY LIST CONDITIONS IF ANY LEADING TO IMMEDIATE CAUSE, ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST.			43. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Complications of Obstructive Hepatopathy and Urinary Bladder Perforation						
B. DUE TO OR AS A CONSEQUENCE OF:						
C. DUE TO OR AS A CONSEQUENCE OF:						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Hypertrophic Cardiomyopathy, AHA Anticoagulant			AUTOPSY (Specify Yes or No) Yes			
44. MANNER OF DEATH NATURAL CAUSES ACCIDENT SUICIDE UNDETERMINED			45. DATE OF INJURY MO DAY YR 52			
46. PLACE OF INJURY (If home, farm, street, factory, office building, etc.) SPECIFY			47. WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE			
48. SUPPLEMENTARY ENTRIES			49. DATE ISSUED AUG 6 1996			

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

Renée Gaudino  
RENEE GAUDINO  
Assistant State Registrar

This copy not valid unless prepared on engraved form displaying state seal and impressed with registrar's stamp and page number.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BOOK 301 PAGE 578

1728002



BOOK 301 PAGE 577  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Mary Tisue*  
96 OCT 23 PM 4:20

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

**164848**

FEES 9.00

COPY

BOOK 301 PAGE 579