

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

Penelope E. Christie
108 Stuart St.
Blakehurst NSW, Australia 2221

Order No. 427904-CE

Escrow No. 427904-CE

Loan No.

167556

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF ~~CAVIFORNIA~~ Nevada
County of ELKO

ss.

C. Equels

That George V. Monte, the decedent mentioned in the attached certified copy of

Certificate of Death is the same person as George V. Monte

named as one of the parties in that certain Treasurer Deed dated June 30, 1976

executed by Joan Shangle, County Treasurer

to George V. Monte and Vera C. Monte, husband and wife as joint tenants

as ~~with her/his~~ recorded as Instrument No. 61626 on July 8, 1976 in

Book 55, Page 334 of Official Records of Eureka County, ~~CAVIFORNIA~~ Nevada

covering the following described property situated in the County of Eureka, State of ~~CAVIFORNIA~~ Nevada

TOWNSHIP 21 NORTH, RANGE 54 EAST, MDB 8M

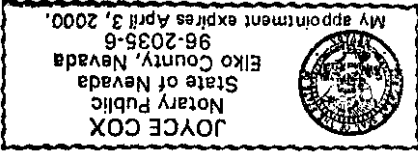
Section 4: S $\frac{1}{2}$

EXCEPTING THEREFROM to the United States all the coal and other valuable minerals in the land so granted, together with the right to prospect for, mine and remove the same upon compliance with the conditions of and subject to the limitations of Section B of said Act.

APN: 007-250-02

Dated: July 17, 1997

C. Equels
[Signature]



SUBSCRIBED AND SWORN TO before me, the undersigned a Notary Public in and for said State,

this 17 day of July, 1997

Signature *[Signature]*

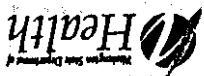
Name (Typed or Printed)
Joyce Cox

BOOK 310 PAGE 216

SPACE ABOVE THIS LINE FOR RECORDER'S USE

CERTIFIED COPY OF DEATH CERTIFICATE

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
VITAL STATISTICS SECTION



CERTIFICATE OF DEATH

146

59

TYPE OR PRINT IN PERMANENT BLACK INK

1 NAME First: GEORGE Middle: MONTE Last: KING		2 SEX (M/F) M		3 DEATH DATE (Mo, Day, Yr) 1-04-93		4 AGE LAST BIRTH 5 UNDER 1 YEAR 6 UNDER 1 DAY 7 BIRTHDATE (Mo, Day, Yr) 9-22-17		8 BIRTHPLACE (City, State or Foreign Country) HUNGARY		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) NO		10 COUNTY OF DEATH KING		11 CITY, TOWN OR LOCATION OF DEATH REDMOND		12 PLACE OF DEATH - IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 13 SMOKING IN LAST 15 YEARS? (Yes/No) YES		14 MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) MARRIED		15 SURVIVING SPOUSE (If wife, give maiden name) VERA CLAYTON CHARLES		16 SOCIAL SECURITY NO. 5+		17 DECEDENT'S EDUCATION Elementary/Secondary (0-12) College (1-4 or 5+)		18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)		19 KIND OF BUSINESS OR INDUSTRY ENTREPRENEUR		20 Was Decedent of Hispanic origin or descent? (Specify) (Yes/No) (Specify) NO		21 RACE (Specify) WHITE		22 RESIDENCE - NUMBER AND STREET 27817 174TH AVE NE 23 CITY/TOWN OR LOCATION REDMOND 24 INSIDE CITY LIMITS (Yes/No) YES		25 COUNTY KING		26 STATE WA		27 ZIP CODE 98052		28 FATHER'S NAME - FIRST, MIDDLE, LAST 29 MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE SURNAME KATRINE KOVACZ 15 YRS WA 98052		30 INFORMANT - NAME GEORGE MONTE 31 MAILING ADDRESS 2728 174TH AVE NE REDMOND WA 98052		32 BIRTHAL CREATION REMOVAL (Other Specify) 1-12-93 33 DATE (Mo, Day, Yr) MONTE		34 CEMETERY/CREMATORY NAME WONORA		35 LOCATION - CITY/TOWN, STATE SYDNEY, AUSTRALIA		36 FUNERAL DIRECTOR SIGNATURE 37 NAME OF FACILITY GREEN FUNERAL HOME 1215 145TH PL SE BELLEVUE, WA 98007		38 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED 39 SIGNATURE AND TITLE K. King, M.D. 40 DATE SIGNED (Mo, Day, Yr) 1/7/93 41 HOUR OF DEATH (24 Hr.) 1800		42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) KINGSTON TSENG, M.D., 14730 NE 8TH BELLEVUE, WA 98007		43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED 44 DATE SIGNED (Mo, Day, Yr) 1800		45 HOUR OF DEATH (24 Hr.)		46 HOUR PRONOUNCED DEAD (24 Hr.)		47 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) KINGSTON TSENG, M.D., 14730 NE 8TH BELLEVUE, WA 98007		48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) KINGSTON TSENG, M.D., 14730 NE 8TH BELLEVUE, WA 98007		49 MECORONER FILE NUMBER		50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH Aortic myocardial infarction Cerebral artery disease years months		51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT UNDERLYING CAUSE Aortic myocardial infarction Cerebral artery disease years months		52 UNDERLYING CAUSE OF DEATH Aortic myocardial infarction Cerebral artery disease years months		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) NO		54 ACCIDENT, HOME, UNDER OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo, Day, Yr)		56 PLACE OF INJURY - AT HOME, FARM, BLDG, ETC. (Specify)		57 RECORD AMENDMENT (Request use only) ITEM DOCUMENTARY REVIEWED BY DATE		58 INJURY AT WORK? (Yes/No)		59 DATE RECEIVED (Mo, Day, Yr) DOH 01-903-4593	
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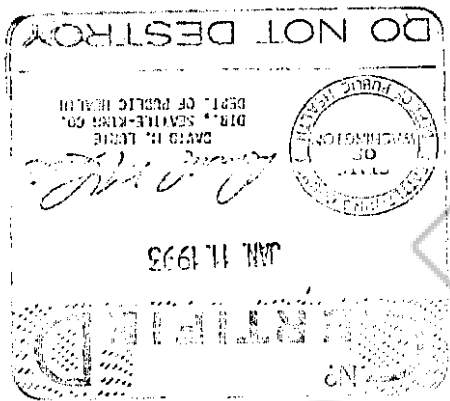


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THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

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BOOK 310 PAGE 218



COPY

167556

BOOK 310 PAGE 216
 OFFICIAL RECORDS
 RECORDED AT THE REQUEST OF *Mad American LLC*
 97 JUL 31 AM 11:04
 EUREKA COUNTY NEVADA
 M.N. REBALEATI, RECORDER
 FILE NO. [illegible] FEES \$9.00