169614

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF INDIANA)
: SS.
COUNTY OF ST. JOSEPH)

ALMA F. BROWN, being first duly sworn, deposes and says:

That she is the surviving joint tenant of the property described and granted in the following Deed:

That certain Deed dated September 14, 1978, and recorded in Book 66 of Official Records, Page 121, File No. 66283, Office of the Eureka County Recorder, Eureka, Nevada, on September 20, 1978, wherein JACK W. BROWN and ALMA F. BROWN, husband and wife, are the Grantees, as joint tenants with right of survivorship, of the following described real property situate in the County of Eureka, State of Nevada:

TOWNSHIP 30 NORTH, RANGE 48 EAST, MDB&M.

Section 15: $SW\frac{1}{4}SE\frac{1}{4}NW\frac{1}{4}$

TOGETHER with any and all improvements situate thereon.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

That JACK W. BROWN, named as one of the Grantees in the above mentioned Deed, died on July 5, 1983, at or near South Bend, Indiana, and is the same person as JACK W. BROWN named in the certified copy of the Certificate of Death attached hereto as Exhibit

ROSS P. EARDLEY
ATTORNEY AT LAW
469 IDAHO STREET
ELKO, NEVADA 89801
TELEPHONE (702) 738-4046 - FAX (702) 738-6286

"A", which Exhibit is hereby referred to and incorporated herein as though set forth in full.

That by reason of the death of JACK W. BROWN, the title to the above described property is now vested in ALMA F. BROWN, as surviving joint tenant.

DATED: January 9, , 1998.

Alma F. Brown
ALMA F. BROWN

STATE OF Indiana)
: SS.
COUNTY OF St. Joseph)

Signed and sworn to before me on January 9, 1998, by ALMA F. BROWN.

Carla L. Gripado
NOTARY PUBLIC

CARLA L. GRIPADO, Notary Publi
A Resident of St. Joseph County, I
My Commission Expires 9-3-2000

Address:
17280 Parker Drive
South Bend, Indiana 46635

APN 5-210-14

EXHIBIT "A"

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

TRUE COPY OF RECORD OF REGISTRATION ON FILE AT LA PORTE COUNTY HEALTH DEPARTMENT

Local No. 252

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME: First: Jack; Middle: W.; Last: Brown
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 5, 1983
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify): White
5a. AGE—Last Birthday (Yrs.): 63
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH (Mo., Day, Yr.): 3-26-1920
7a. COUNTY OF DEATH: LaPorte
7b. CITY, TOWN OR LOCATION OF DEATH: LaPorte
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): MP 56 East, Ind. Toll Road
7d. IF HOSP. OR INST., Indicate DOA, OP, Emer. Rm., Inpatient (Specify):
8. STATE OF BIRTH (If not in U.S.A. name country): Michigan
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Alma Gibbard
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13. SOCIAL SECURITY NUMBER: [redacted]
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Director of Manufacturing
14b. KIND OF BUSINESS OR INDUSTRY: Addison Products

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

15a. RESIDENCE—STATE: Indiana
15b. COUNTY: St. Joseph
15c. CITY, TOWN OR LOCATION: South Bend
15d. STREET AND NUMBER: 17280 Parker Drive 46635
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16. FATHER—NAME: First: Harlow; Middle: ; Last: Brown
17. MOTHER—MAIDEN NAME: First: Anne; Middle: ; Last: VanBreme
18a. INFORMANT—NAME (Type or print): Mrs. Jack W. Brown-Wife
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 17280 Parker Drive South Bend, Indiana 46635

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—FUNERAL HOME: Somerset Center Cemetery
19c. LOCATION—CITY OR TOWN, STATE: Somerset Center, Michigan
20a. DATE (Month, Day, Year): July 8, 1983
20b. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Hickey Funeral Home 3516 E. Jefferson So.Bend, In.

CERTIFICATION

To be Completed by CORONER Only

On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.

21a. Signature: Deputy Coroner Steven J. Wurster
21b. DATE SIGNED (Mo., Day, Yr.): July 7, 1983
21c. HOUR OF DEATH: 9:20 P.M.
21d. PRONOUNCED DEAD (Mo., Day, Yr.) ON: July 5, 1983
21e. PRONOUNCED DEAD (Hour) AT: 9:54 P.M.
21f. NAME AND ADDRESS OF CERTIFIER (Type or Print): Steve Wurster 308 E. 650 South LaPorte, Indiana 46350

ISSUED JUL 13 1983

HEALTH OFFICER—SIGNATURE: James Loescher M.D.
22a.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 7-11-83

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Massive Chest Trauma — Interval between onset and death: Immediate
DUE TO, OR AS A CONSEQUENCE OF
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).
Fx Cervicle Spine, Skull Fx, Multiple Internal injuries
24. AUTOPSY (Specify Yes or No): NO

25a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify): Accident
25b. DATE OF INJURY (Mo., Day, Yr.): 7/5/83
25c. HOUR OF INJURY: 9:20 P.M.
25d. DESCRIBE HOW INJURY OCCURRED: Auto accident with truck.
25e. INJURY AT WORK (Specify Yes or No): no
25f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): MP 56 E. Indiana Toll Road, Galena Twp, LaPorte County, Indiana
25g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE:

GENERAL DIRECTIONS
SIGNATURE: Margaret McKnight

FUNERAL HOME No. 769
LICENSE No. 1501

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BOOK 317 PAGE 419
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Ross P Eardley, atty
98 JAN 27 PM 1:33

EUREKA COUNTY NEVADA
M.N. REBALEATI. RECORDER
FILE NO. FEE$ 10.00

169614

THIS IS A TRUE COPY OF THE RECORD
OF REGISTRATION ON FILE WITH THE
LA PUENTE COUNTY HEALTH DEPARTMENT.
M.D.
HEALTH OFFICER

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