

TERMINATION OF JOINT TENANCY

STATE OF NEVADA)
 : ss.)
County of Eureka)

AFFIDAVIT

AUGUST PIERRESTEGUY being first duly sworn, deposes and

says: THAT JEANNE M. PIERRESTEGUY and AUGUST PIERRESTEGUY

own the following described real property situated in the town

of Eureka, County of Eureka, State of Nevada, in joint tenancy,

with the right of survivorship:

Parcel Number 1-136-12, loca-
tion 401 S. Spring Street,
S 22.39, Lot 27 and all lots
28 through 31, Block 7, with
improvements thereon

THAT JEANNE M. PIERRESTEGUY, the wife of AUGUST PIERRESTEGUY

and joint tenant died on May 1, 1998, at Eureka, Nevada. A copy

of the death certificate is hereby attached and made a part of

this affidavit.

THAT the title of said property will now vest in AUGUST

PIERRESTEGUY, the surviving joint tenant.

DATED this 1st day of June, 1998.

August Pierresteguy
AUGUST PIERRESTEGUY

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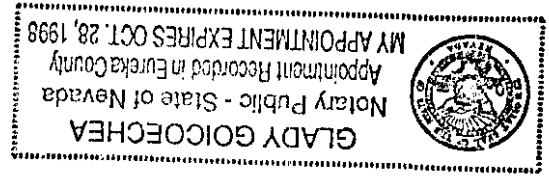
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STATE OF NEVADA)
: ss.)
County of Eureka)

SUBSCRIBED AND SWORN TO BEFORE ME this 15th day of July 1998.

AB

Glady Goicoechea
NOTARY PUBLIC



COOPER

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NUMBER LOCAL FILE NUMBER

DECEASED—NAME First Middle Last
1. JEANNE PIERRESTEGUY
2. May 1 1998
3a. Eureka
3b. Female
3c. In route to Washoe County

FACE—(e.g., White, Black, American Indian, etc.) (Specify)
5. White
6. Was Decedent of Hispanic Origin? Specify yes no if yes, specify Mexican, Cuban, Puerto Rican, etc.
7a. 77
7b. : : : :
7c. : : : :
8. Feb. 2, 1921

STATE OF BIRTH
9a. France
9b. U.S.A.
9c. 8th
10. grade completed
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED
12. August
13. August

SOCIAL SECURITY NUMBER
14. [REDACTED]
15a. Nevada
15b. Eureka
15c. Eureka
15d. 401 Spring St.
15e. Yes

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER
16. Antonio Jurajuria
17. Catherine Etchegaray

INFORMANT—NAME (Type or Print) MAILING ADDRESS
18a. August Pierresteguy P.O. Box 226 Eureka, Nevada 89316
18b. Catherine Etchegaray

BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME LOCATION City or Town State
19a. Burial Catholic Cemetery Eureka, Nevada
19b. P.O. Box 367 Eureka, Nevada 89301
19c. Mountain Vista Chapel

FUNERAL DIRECTOR—SIGNATURE (Or Person acting as such) FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY
20a. [Signature] 450 Mill Street—P.O. Box 367 Eureka, Nevada 89301
20b. 12
20c. Mountain Vista Chapel

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
21b. [Signature and Title] 21c. [Signature and Title]
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21e. [Signature and Title]

22a. 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
22b. May 6, 1998 22c. 8:25 P.M.
22d. ON May 1, 1998 22e. AT 8:50 P.M.
22f. PRONOUNCED DEAD (Hour)

23a. Kenneth E. Jones, Coroner, P.O. Box 736 Eureka, Nevada 89316
23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 5/6/98
23c. YES NO

24a. REGISTRAR (Signature and Title) 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 5/6/98
24c. YES NO

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
PART I (a) Myocardial Infarction
PART II (b) DUE TO, OR AS A CONSEQUENCE OF:
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.

26. No 27. Yes
28a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVESTIGATION
28b. DATE OF INJURY (Mo., Day, Yr.)
28c. HOUR OF INJURY
28d. M
28e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)

28f. STREET OR R.F.D. No. CITY OR TOWN STATE
28g. LOCATION

28h. INJURY AT WORK (Specify Yes or No)
28i. INJURY AT WORK (Specify Yes or No)

28j. DATE OF DEATH (Mo., Day, Yr.)
28k. HOUR OF DEATH
28l. M

28m. PLACE OF DEATH (Specify)
28n. STREET OR R.F.D. No. CITY OR TOWN STATE

28o. DATE OF DEATH (Mo., Day, Yr.)
28p. HOUR OF DEATH
28q. M

28r. PLACE OF DEATH (Specify)
28s. STREET OR R.F.D. No. CITY OR TOWN STATE

28t. INJURY AT WORK (Specify Yes or No)
28u. INJURY AT WORK (Specify Yes or No)

28v. DATE OF DEATH (Mo., Day, Yr.)
28w. HOUR OF DEATH
28x. M

28y. PLACE OF DEATH (Specify)
28z. STREET OR R.F.D. No. CITY OR TOWN STATE

28aa. INJURY AT WORK (Specify Yes or No)
28ab. INJURY AT WORK (Specify Yes or No)

28ac. DATE OF DEATH (Mo., Day, Yr.)
28ad. HOUR OF DEATH
28ae. M

28af. PLACE OF DEATH (Specify)
28ag. STREET OR R.F.D. No. CITY OR TOWN STATE

28ah. INJURY AT WORK (Specify Yes or No)
28ai. INJURY AT WORK (Specify Yes or No)

28aj. DATE OF DEATH (Mo., Day, Yr.)
28ak. HOUR OF DEATH
28al. M

28am. PLACE OF DEATH (Specify)
28an. STREET OR R.F.D. No. CITY OR TOWN STATE



CAUSE OF DEATH

CERTIFIER

DISPOSITION

PARENTS

DECEDENT

PERMANENT OR PRINT IN BLACK INK

TYPE

OR PRINT

PERMANENT

IN

BLACK INK

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

State Registrar

MAY 20 1998

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

[Signature]

STATE REGISTRAR

No. 121489

BOOK 3 19 PAGE 457

BOOK 319 PAGE 468

COPY

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BOOK 319 PAGE 465
RECORDED AT THE REQUEST OF
Walter W. ...
98 JUN 31 AM 8:48
EUREKA COUNTY NEVADA
M.N. REBAL EATL. RECORDER
FILE NO. ... FEES 10.00