

Attidavit-Determination of Joint Tenancy (Death of a Joint Tenant)

I, Betty J. Tomporowski, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That William H. Tomporowski (Decedent Name as shown on Death Certificate), the decedent mentioned in the attached certified copy Certificate of Death, is the same person as

William H. Tomporowski (Decedent Name as shown on Deed)

named as one of the parties in that certain Treasurer's Tax Deed to Joint Tenants (Type of Document)

dated on the 1st day of May, 19 81, and executed by Joan Shangle, Eureka County Treasurer

to William H. or Betty J. Tomporowski, known as "Grantor(s)"

as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 80362 on the 20th day of May, 19 81, in book 094 page 465 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)

CRESCENT VALLEY RANCH & FARMS UNIT #1

Lot 22 Block 13

378 Third Street

ASSASSOR'S PARCEL NO. (APN#) 02-033-09

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 \$ 4,860.00

In Witness Whereof, I/We have hereunto set my hand/our hands this 20 day of August, 19 99

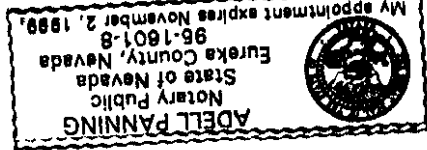
(Signature) Betty J. Tomporowski (Signature)

(Print or type name here) Betty J. Tomporowski (Print or type name here)

STATE OF NEVADA COUNTY OF RECORDING REQUESTED BY AND MAIL TO NAME ADDRESS CITY/ST/ZIP NAME ADDRESS CITY/ST/ZIP If applicable mail tax statements to NAME ADDRESS CITY/ST/ZIP SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

On this 20 day of August, 19 99, personally appeared before me, a Notary Public, Betty Tomporowski, X X X X X X X X X X personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that she executed the instrument.

(Notary Public) Adell Panning



Nevada Legal Forms, Inc. (702) 790-6977 • Attorney/Death of Joint Tenant • AFF 111 G C 1991 • IV 930512 • 14 • 20 pk CAUTION: If the ink on this form is BROWN it is an original. Material may not be reproduced in whole or in part in any form whatsoever. Consult an attorney if you doubt this forms fitness for your purpose.

**STATE OF NEVADA**  
 DEPARTMENT OF HUMAN RESOURCES  
 DIVISION OF HEALTH  
 VITAL STATISTICS

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

STATE FILE NUMBER 94 012019

1. DECEASED—NAME First Middle Last WILLIAM TOMPOROWSKI		2. DATE OF DEATH (Month, Day, Year) December 17, 1994		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Crescent Valley		3c. Hospital or other institution—Name (if not either, give street and number) Tomporowski Residence		3d. Sex male	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) white		6. Was decedent of Hispanic Origin? Specify yes or no if yes. No		7a. AGE—Last Birthday (Years) 75	
8. STATE OF BIRTH (If not U.S.A., name country) Minnesota		9a. SOCIAL SECURITY NUMBER [REDACTED]		9b. USUAL OCCUPATION (Give kind of work done during most of working life; Even in contrast to usual occupation, give kind of work done during most of last year) Contractor	
13. RESIDENCE—STATE Nevada		14a. CITY, TOWN, OR LOCATION Crescent Valley		14b. STREET AND NUMBER RFD	
15a. FATHER—NAME First Middle Last Nevada Eureka		15b. MOTHER—MAIDEN NAME First Middle Last Crescent Valley		15c. INSIDE CITY LIMITS (Specify Yes or No) NO	
16. INFORMANT—NAME (Type or Print) Walter Tomporowski		17. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Rose Krawlicke		18a. Betty Tomporowski P.O. Box 63 Crescent Valley, Nevada 89821	
19a. Cremation		19b. CEMETERY OR CREMATORY—NAME Sunset Crematory		19c. LOCATION Eiko Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) [Signature]		20b. FUNERAL HOME NAME AND ADDRESS OF FACILITY Sunset Crematory		20c. Burns Funeral Home, Inc., P.O. Box 689 Eiko, NV 89803	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. [Signature]		21b. DATE SIGNED (Mo., Day, Yr.) [Signature]		21c. HOUR OF DEATH 10:25 AM	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes stated. [Signature]		22b. DATE SIGNED (Mo., Day, Yr.) 12-27-94	
22c. HOUR OF DEATH 10:25 AM		22d. PRONOUNCED DEAD (Mo., Day, Yr.) 12-17-94		22e. AT 10:55 AM PRONOUNCED DEAD (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print) Kenneth E. Jones, P.O. Box 736, Eureka, Nevada 89316		23b. LICENSE NUMBER		23c. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 12/28/94	
24a. REGISTRAR (Signature) [Signature]		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 12/28/94		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Myocardial Infarction (b) Congestive Heart Failure (c) 410		26. INTERVAL BETWEEN ONSET AND DEATH Immediate		27. INTERVAL BETWEEN ONSET AND DEATH	
PART I OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY Yes or No (Specify) NO		28a. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION DATE OF INJURY (Mo., Day, Yr.)		28b. HOUR OF INJURY	
28c. DESCRIBE HOW INJURY OCCURRED		28d. LOCATION M		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28f. CITY OR TOWN		28g. STATE		28h. INJURY AT WORK (Specify Yes or No)	



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DEPARTMENT OF HUMAN RESOURCES  
 DIVISION OF HEALTH  
 VITAL STATISTICS

Issued: JAN 05 1995

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

Deputy Registrar  
 [Signature]  
 No. 071147

**CAUSE OF DEATH**  
 STATE THE UNDERLYING CAUSE LAST  
 IMMEDIATE CAUSE  
 IMMEDIATE CAUSE  
 IMMEDIATE CAUSE  
 IMMEDIATE CAUSE

**CERTIFIER**  
 To be Completed by  
 CERTIFYING PHYSICIAN

**DISPOSITION**  
 BURIAL, CREMATION, REMOVAL, OTHER (Specify)

**PARENTS**  
 FATHER—NAME  
 MOTHER—MAIDEN NAME

**DECEDENT**  
 TYPE OR PRINT  
 IN  
 PERMANENT  
 BLACK INK

BOOK 320 PAGES 46

BOOK 320 PAGE 47

COPY

170539

BOOK 320 PAGE 545  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Betty J. J. J.*  
98 AUG 26 AM 7:59  
EUREKA COUNTY NEVADA  
M.N. REBAL EATL. RECORDER  
FILE NO.  
FEES 9.00