

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

I, Charles F. Vaccaro, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That Charles Augustine Vaccaro, the decedent
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as Charles A. Vaccaro
(Deceased Name as shown on Deed)

named as one of the parties in that certain Deed
(Type of Document)

dated on the 9th day of September, 19 92, and executed by

Charles A. Vaccaro, known as "Grantor(s)"

to Charles A. Vaccaro and Charles Francis Vaccaro, known

as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 142197, on the

10th day of September, 19 92, in book 238 page 351, 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)

SEE EXHIBIT A ATTACHED

ASSESSOR'S PARCEL NO. (APN#) 01-073-01, 01-072-02

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 16 day of Aug, 19 92

Charles F. Vaccaro
(Signature)

(Signature)

Charles F. Vaccaro
(Print or type name here)

(Print or type name here)

STATE OF NEVADA }
COUNTY OF }
}

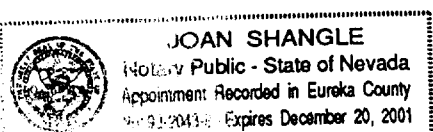
On this 16th day of August, 19 92
personally appeared before me, a Notary Public

Charles F. Vaccaro

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that he executed the instrument.

Joan Shangle
(Notary Public)

(Notary Stamp)



RECORDING REQUESTED BY AND MAIL TO

NAME Charles F. Vaccaro
ADDRESS 2111 East 3900 South
CITY/ST/ZIP Salt Lake City, UT 84124

If applicable mail tax statements to

NAME Charles F. Vaccaro
ADDRESS 2111 East 3900 South
CITY/ST/ZIP Salt Lake City, UT 84124

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information on this form is limited under the Vital Statistics Act and Rules

LOCAL FILE NUMBER **18-5042**

STATE FILE NUMBER

DECEDENT	1 NAME OF DECEDENT FIRST MIDDLE LAST Charles Augustine VACCARO			2 SEX Male	3a DATE OF DEATH (Mo. Day, Yr) DEC. 29, 1994	3b TIME OF DEATH (24 hr clock) 1615	
	4 DATE OF BIRTH (Mo. Day, Yr) SEPT. 4, 1907	5 AGE (Last birthday) 87	6 BIRTHPLACE (City & State or Foreign Country) Eureka, Nevada	7 SOCIAL SECURITY NUMBER [REDACTED]			
	8a PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other Heritage Eastridge Rehab. Center			8b NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location)			
	8c CITY, TOWN OR LOCATION OF DEATH Salt Lake City, Utah			8d COUNTY OF DEATH SALT LAKE			
	9 SURVIVING SPOUSE (If wife, give maiden name) ---						
10 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11 MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)		12b KIND OF BUSINESS OR INDUSTRY	
				Miner		Mining of Precious Metals	
13a RESIDENCE - STREET AND NUMBER P.O. Box 256 (Buel Street)			13b CITY, TOWN, OR COMMUNITY Eureka		13c COUNTY Eureka	13d STATE Nevada	
13e INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f ZIP CODE 89316	14 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify)		15 RACE (Black, White, Am. Indian, etc. (Specify)) White	16 EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12); College (13-16 or 17+) 8		
17 FATHER'S NAME (First, Middle, Last) Michael Vaccaro		18 MAIDEN NAME OF MOTHER (First, Middle, Last) Angela Connesia					
19 NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT SON - Charles F. Vaccaro / 2131 Atkin Avenue / Salt Lake City, Utah 84109							
DISPOSITION	20 METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal		21a DATE OF DISPOSITION Dec. 30, 1994	21b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Larkin Sunset Lawn Cemetery	21c LOCATION - City or Town, State Salt Lake County - Salt Lake City, Utah		
	22 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23 LICENSEE NUMBER 22-113395	24 FUNERAL HOME (Name, address and license number) # 81 - 100908 LARKIN MORTUARY 260 East South Temple Street Salt Lake City, Utah 84111-1274			
CERTIFIER	25 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 27 Dec 1994		26 If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the date and hour reported. M.E. Case No.		27a CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.		
	27b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		27c LICENSE NUMBER 152388-1205	27d DATE SIGNED (Mo., Day, Yr.) Dec. 30 1994			
	28 NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type print) 1201 EAST SOUTH TEMPLE # 703 SALT LAKE CITY, UTAH 84102						
REGISTRAR	29 REGISTRAR'S SIGNATURE <i>[Signature]</i>				30 DATE FILED (Month, Day, Year) Dec. 30, 1994		
	31 PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.						
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) CHRONIC RENAL FAILURE ETIOLOGY UNKNOWN		Approximate Interval Between Onset And Death 1 YR 4 mos				
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		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 CHRONIC RESPIRATORY FAILURE ETIOLOGY UNKNOWN		32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> Probably contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input checked="" type="checkbox"/> Did not contribute to the cause of death <input type="checkbox"/> Is unknown in relation to the cause of death		33a WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
34 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending Investigation <input type="checkbox"/> If Injured Purposely or Accidentally		35a DATE OF INJURY (Month, Day, Year)	35b TIME OF INJURY (24 Hour Clock)	35c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35d PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))		
35e LOCATION (Street or rural route number, city or town, county and state)							
35f DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)							

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **AUG 12 1999**
 County - Salt Lake
 Registrar *Kathy Anderson*
 Barry E. Nangle
 DIRECTOR OF VITAL RECORDS
 By *Ellen Freeman*

L112510 Book 328 Page 283A



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES.
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

EXHIBIT A

described as follows:

Lots Thirteen (13), Fourteen (14), Fifteen (15), Sixteen (16) and Seventeen (17) in Block Sixteen-A (16-A), APN 01-073-01;

and

Lot Eighteen (18), in Block Sixteen-B (16-B), APN 01-072-02.

TOGETHER with all buildings and improvements situate thereon.

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

BOOK 328 PAGE 283
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Charles J. Vaccaro
99 AUG 16 PM 4:12

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 9.00

BOOK 328 PAGE 284

172521

DECLARATION OF VALUE
Eureka COUNTY, NEVADA

Recording Date 8-16-99 Book 328 Page 283 Instrument # 172521

Full Value of Property Interest Conveyed \$ _____
 Less Assumed Liens & Encumbrances -- _____
 Taxable Value (NRS 375.010, Section 4) \$ _____
 Real Property Transfer Tax Due \$ 0

If exempt, state reason. NRS 375.090, Section 8. Explain:
Transfer to a Trust

Escrow Holder only: Check if Real Property Transfer Tax is to be deferred under NRS 375.030, Section 3.

INDIVIDUAL

Under penalty of perjury, I hereby declare that the above statements are correct.

Charles F. Vaccaro
 Signature of Declarant

CHARLES F. VACCARO
 Name (Please Print)

2111 EAST 3900 SOUTH
 Address

BALTLAKE CITY, UT. 84124
 City State Zip

ESCROW HOLDER

Under penalty of perjury, I hereby declare that the above statements are correct to the best of my knowledge based upon the information available to me in the documents contained in the escrow file.

 Signature of Declarant

 Name (Please Print)

 Escrow Number

 Firm Name

 Address

 City State Zip

• Tax paid for the above transfer per NRS 375.030 Sec. 3 on 8,116.99