

1 AFFIDAVIT IN RE JUNE ENGSTROM, DECEASED

2 TERMINATION OF JOINT TENANCY (NRS 111.365)

3 STATE OF NEVADA)
4 COUNTY OF EUREKA) SS

5 SYLVIA McCAFFREY, being first duly sworn, deposes and
6 says:

7 That affiant is the daughter of JUNE ENGSTROM, Deceased.
8 That Decedent died on the 17TH day of NOVEMBER, 1996. That a
9 certified copy of the Death Certificate is attached hereto as
10 Exhibit "A".

11 That during the lifetime of said Decedent, certain real
12 property was acquired in joint tenancy wherein JUNE ENGSTROM and
13 SYLVIA McCAFFREY were the Grantees. That under the laws of the
14 State of Nevada, upon the death of JUNE ENGSTROM, the title and
15 ownership of said real property became vested in SYLVIA McCAFFREY
16 as the surviving joint tenant. That said real property was
17 acquired by a Deed dated 16TH day of JUNE, 1994, wherein JUNE
18 ENGSTROM was the Grantor, and JUNE ENGSTROM and SYLVIA McCAFFREY
19 were the Grantees.

20 That said Deed was recorded in Book 270, Page 30, Eureka
21 County Records.

22 That the real property conveyed therein, in joint
23 tenancy, is more particularly described as follows, to-wit:

24 Lot 3 of Block A of the Ruby Hill Estates,
25 Townsite of Eureka, State of Nevada, as per
26 map filed in the Eureka County, Nevada
Recorder's Office, File NO. 08941, excepting
and reserving to the United States all
uranium, thorium, or other material.

27 Together with all improvements, tenements,
28 hereditaments and appurtenances thereunto belonging ot in
29 anywise appertaining and the reversion and reversions,
30 remainder and remainders, rents, issues and profits
thereof.

31 That by reason of the foregoing, affiant hereby declares
32 that the title and interest of JUNE ENGSTROM, Deceased in the

LAW OFFICES
GARY D. FAIRMAN
A PROFESSIONAL CORPORATION
482 FIFTH STREET - P. O. BOX 5
ELY, NEVADA 89301
(702) 289-4422

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

22,494 (151)
LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. <u>June Eliza ENGSTROM</u>		2. <u>November 17, 1996</u>		3a. <u>Elko</u>
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) SEX
3b. <u>Elko</u>		3c. <u>Mountain View Care Center</u>		3e. <u>Inpatient</u> 4. <u>Female</u>
RACE—(e.g., White, Black, American Indian, etc) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
5. <u>White</u>	6. <u>No</u>	7a. <u>80</u>	7b. :	7c. :
8. <u>April 8, 1916</u>	DATE OF BIRTH (Mo., Day, Yr.)			
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
9a. <u>Wisconsin</u>	9b. <u>USA</u>	10. <u>12</u>	11. <u>Widowed</u>	12.
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. [REDACTED]	14a. <u>Beautician</u>		14b. <u>Cosmetically</u>	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. <u>Nevada</u>	15b. <u>Eureka</u>	15c. <u>Eureka</u>	15d. <u>620 W. McCou</u>	15e.
FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last			
16. <u>Howard Smith</u>		17. <u>Sylvia Gray</u>		
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. <u>Sylvia McCaffery (daughter)</u>		18b. <u>P.O. Box 616 Eureka, Nevada 89316</u>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION	State
19a. <u>Cremation</u>		19b. <u>Sunset Crematory</u>	19c. <u>Elko Nevada</u>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. [Signature]	20b. <u>7</u>	20c. <u>Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803</u>		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.		
(Signature and Title) [Signature]		(Signature and Title) [Signature]		
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
21b. <u>11/20/96</u>		21c. <u>5:30 p.m.</u>		22c.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
21d.		22d. ON		22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)				LICENSE NUMBER
23a. <u>Terry J. Nevins, D.O. 762 14th Street Elko, NV 89801</u>				23b. <u>487</u>
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) [Signature]		24b. <u>Nov. 23, 1996</u>	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
PART I	(a) <u>Inanition</u>	Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death		
	(b) <u>Alcoholism</u>	Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death		
PART II	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
	<u>OPS</u>		26. <u>No</u>	27. <u>No</u>
ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
28a.	28b.	28c. <u>M</u>	28d.	
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—All home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE
28e.	28f.	28g.		

STATE REGISTRAR

No. 100586



This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date Issued: DEC 03 1996

Sylvia Gray
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

1 above-described real property has vested in SYLVIA McCAFFREY, in
2 fee simple, and that SYLVIA McCAFFREY is the sole and absolute
3 owner thereof, together with the tenements, hereditaments, and
4 appurtenances, thereunto belonging or appertaining, and the
5 reversion and reversions, remainder and remainders, rents, issues
6 and profits thereof.

7 *Sylvia McCaffrey*
SYLVIA McCAFFREY

8 Subscribed and sworn to before me
9 this 10TH day of Sept., 1998.

10 *Maryjo Castaneda*
11 NOTARY PUBLIC



LAW OFFICES
GARY D. FAIRMAN
A PROFESSIONAL CORPORATION
482 FIFTH STREET - P. O. BOX 5
ELY, NEVADA 89301
(702) 289-4422

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BOOK 329 PAGE 064
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Sylvia McCaffrey
99 SEP 10 AM 9:29
EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES \$8.00
172680