

1 NO. _____

2 AFFIDAVIT TERMINATING JOINT TENANCY3
4 STATE OF NEVADA)
5 COUNTY OF EUREKA) SS
67 CLAIRE M. BOSTIC of Carson City, Nevada and LAURIS KAYE BIALE WHITE, of
8 Eureka, Nevada, both having been first duly sworn, deposes and state as follows: That
9 ALBERT F. BIALE of Eureka, Nevada died at Ely, White Pine County, Nevada on December
10 17, 1999, as evidenced by the attached Certificate Of Death, which is incorporated herein as
11 though fully set forth and made part of this affidavit.12 That this instrument is for the purpose of terminating the joint tenancy interest of the said
13 ALBERT F. BIALE, created by that certain Joint Tenancy Deed executed on April 8, 1994
14 Recording Number 152139 on file in the office of the County Recorder in Eureka, Eureka County,
15 Nevada and also found at Book 267 page 575.16 That the demised property under said Joint Tenancy Deed is more particularly described
17 as follows:18 All of that certain real property situated in the County of Eureka, State of Nevada,
19 located in the Southwest 1/4 of the Northwest 1/4 of Section 13, Township 19
20 north, Range 53 East M.D.B. & M., and more particularly described as follows:21 Beginning at Corner No. 1 of this tract, which is a point on the North line of Parcel
22 4 and is S77 30"W, 24.24 feet from the BLM brass cap that marks the NE corner of
23 Parcel 4, thence S 09 39'59"E, 13.30 feet to a point that is Corner No. 2 of this
24 tract, thence S77 23'42"W, 94.23 feet to a point that is Corner No. 3 of this tract
25 thence N77 30'E, 95.38 feet to the point of beginning containing 0.029 acres.
26 APN: 01-011-06.27 All subject to paragraphs (a), (b), (c), (d), and (e) as set forth in the Deed from
28 Ruby Hill Mining Company, Grantor, to Albert F. Biale, Grantee, under dated of
March 16, 1994 Recorded in Book 267, Pages 006 and 007, No. 151691.29 IN WITNESS WHEREOF, Affiants have hereunto set their hands on this 30th day
30 of May, 2000.31 Claire M. Bostic
32 CLAIRE M. BOSTIC33 Lauris Kaye Biale White
34 LAURIS KAYE BIALE WHITE

On this 30th day of May, 2000, personally appeared before me, a notary public, CLAIRE M. BOSTIC and LAURIS KAYE BIALE WHITE, both of whom are personally known to me and who both acknowledged that they executed the above instrument.



STATE OF NEVADA

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

99 015011

#81-99

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
	1. Albert Ferdinand BIALE			2. December 17, 1999		3a. White Pine	
	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)	
DECEDENT	3b. Ely			3c. William Bee Ririe Hospital		3e. Inpatient	
	4. Male						
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White			6. 7a. 96		7b. 7c.	
	STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
	9a. Nevada			9b. U.S.A.		10. 12	
PARENTS	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. Self employed		14b. Hardware	
	RESIDENCE—STATE			COUNTY		CITY, TOWN, OR LOCATION	
DISPOSITION	15a. Nevada			15b. Eureka		15c. Eureka	
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
	16. John B. Biale			17. Laura J. Bonetti		15d. County Road	
CERTIFIER	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	18a. Arthur Biale (son)			18b. P.O. Box 248 Eureka, NV. 89316			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
CAUSE OF DEATH	19a. Cremation			19b. Sunset Crematory		19c. Elko, Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
	20a. [Signature]			20b. 12		20c. 450 Mill Street-P.O. Box 367 Ely, Nevada 89301	
CAUSE OF DEATH	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 and Title)			
	DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)			
CAUSE OF DEATH	21b. 12/22/99			21c. 5:20 P.M.			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON			
	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			22e. AT			
CAUSE OF DEATH	23a. Yousri Gadallah, M.D. 802 Ave E Suite #3 Ely, Nevada 89301			23b. 8837			
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	24a. [Signature]			24b. December 27, 1999		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			Interval between onset and death			
	PART I (a) CARDIOPULMONARY ARREST			Interval between onset and death			
	(b) Seven Cerebrovascular Accident			4 days			
CAUSE OF 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)			
	26. No			27. No			
	WAS CASE REFERRED TO CORONER (Specify Yes or No)						
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
	28a. 28b.			28c. M		28d.	
	INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.	
CAUSE OF DEATH	28e.			28f.		28g.	
	STREET OR R.F.D. No.			CITY OR TOWN		STATE	
	28h.			28i.		28j.	

No.155828

STATE REGISTRAR

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

Date Issued:

APR 07 2000

State Registrar

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Book 334 page 396

BOOK *334* PAGE *394*
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Claire M. Bostic
00 MAY 30 PM 2: 23
EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES *10⁰⁰*

174523

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