

1 NO. _____
2

3 **AFFIDAVIT TERMINATING JOINT TENANCY**

4
5 STATE OF NEVADA }
6 COUNTY OF EUREKA } SS

7 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 July 14, 1987,
14 Recording Number 109528 on file in the office of the County Recorder in Eureka, Eureka County,
15 Nevada and also found at Book 159 page 254.

16 That the demised property under said Joint Tenancy Deed is more particularly described
17 as follows:

18 Lots 1, 2, 3, 4, and 5 in Block 124 of the town of Eureka, Nevada as
19 appears on the official plat of the town of Eureka, Nevada on file in the
20 office of the County Recorder of Eureka County, Nevada.

21 TOGETHER, with all buildings and improvements situate thereon and any
22 and all furniture, furnishings or fixtures which may be thereon located.

23 TOGETHER, with the perpetual use of the water from the "Eureka Con" Spring,
24 called in a quantity sufficient for domestic, stable, and garden use, as heretofore
25 and now is enjoyed with the aforementioned premises, together with any and
26 all easements in connection with the said Spring for a pipe line from said Spring,
27 as may be needed or required to secure and maintain the use of said water for
28 the said premises.

TOGETHER with all and singular the tenements, hereditaments and appurtenances
thereunto belonging or in any wise appertaining, and reversions, remainder and
remainders, rents, issues, and profits thereof.

IN WITNESS WHEREOF, Affiants have hereunto set their hands on this 30th day of
May, 2000.

Claire M. Bostic
CLAIRE M. BOSTIC

Lauris Kaye Biale White
LAURIS KAYE BIALE WHITE

APN 01-011-06

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1 STATE OF NEVADA)
2 COUNTY OF EUREKA) SS

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



Vera Baumann
NOTARY PUBLIC

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

LOCAL FILE NUMBER #81-99

STATE FILE NUMBER 99 015011

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last Albert Ferdinand BIALE			DATE OF DEATH (Month, Day, Year) 2 December 17, 1999		COUNTY OF DEATH White Pine			
	CITY, TOWN OR LOCATION OF DEATH Ely			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) William Bee Ririe Hospital		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	SEX Male		
DECEDENT	3b. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		3c. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. No		AGE—Last Birthday (Years) 7a. 96	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :		
	5. STATE OF BIRTH (If not U.S.A., name country) Nevada		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed		DATE OF BIRTH (Mo., Day, Yr.) 8. April 10, 1903		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Self employed		KIND OF BUSINESS OR INDUSTRY 14b. Hardware		SURVIVING SPOUSE (If wife, give maiden name) 12.		
	13. RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Eureka	CITY, TOWN, OR LOCATION 15c. Eureka		STREET AND NUMBER 15d. County Road		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes		
PARENTS	FATHER—NAME First Middle Last 16. John B. Biale			MOTHER—MAIDEN NAME First Middle Last 17. Laura J. Bonetti					
	18a. INFORMANT—NAME (Type or Print) Arthur Biale (son)			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 248 Eureka, NV, 89316					
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Sunset Crematory		19c. LOCATION City or Town State Elko, Nevada				
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 12	20c. NAME AND ADDRESS OF FACILITY Mountain Vista Chapel 19 450 Mill Street-P.O. Box 367 Ely, Nevada 89301					
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> MD			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) <i>[Signature]</i>					
	DATE SIGNED (Mo., Day, Yr.) 12/22/99		HOUR OF DEATH 5:20 P.M.		DATE SIGNED (Mo., Day, Yr.) [REDACTED]		HOUR OF DEATH [REDACTED]		
	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Yousri Gadallah, M.D.			22b. PRONOUNCED DEAD (Mo., Day, Yr.) [REDACTED]		22c. PRONOUNCED DEAD (Hour) [REDACTED]		22d. ON	
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print.) Yousri Gadallah, M.D. 802 Ave E Suite #3 Ely, Nevada 89301			22e. AT		LICENSE NUMBER 8837			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 27, 1999		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).)							Interval between onset and death	
CAUSE OF DEATH	PART I (a) CARDIOPULMONARY ARREST	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death		
	(b) Severe Cerebrovascular Accident	DUE TO, OR AS A CONSEQUENCE OF:					4 days		
	(c)	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED						
INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE			

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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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Claire M. Bostic
00 MAY 30 PM 2:24

EUREKA COUNTY NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES 20⁰⁰

174524

COPY

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