

NO. _____

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF EUREKA } SS

CLAIRE M. BOSTIC of Carson City, Nevada and LAURIS KAYE BIALE WHITE, of Eureka, Nevada, both having been first duly sworn, deposes and state as follows: That ALBERT F. BIALE of Eureka, Nevada died at Ely, White Pine County, Nevada on December 17, 1999, as evidenced by the attached Certificate Of Death, which is incorporated herein as though fully set forth and made part of this affidavit.

That this instrument is for the purpose of terminating the joint tenancy interest of the said ALBERT F. BIALE, created by that certain Joint Tenancy Deed executed on July 14, 1987, Recording Number 109528 on file in the office of the County Recorder in Eureka, Eureka County, Nevada and also found at Book 159 page 254.

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

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

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

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

-1-

APN 01-011-06

BOOK 334 PAGE 398

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

#81-99

99 015011

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)
3b. Ely			3c. William Bee Ririe Hospital		3e. Inpatient
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.		SEX
5. White			7a. 96		4. Male
STATE OF BIRTH (If not U.S.A., name country)			AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)
9a. Nevada			7b. : : 7c. : :		8. April 10, 1903
SOCIAL SECURITY NUMBER			Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
13. [REDACTED]			10. 12		11. Widowed
RESIDENCE—STATE			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		SURVIVING SPOUSE (If wife, give maiden name)
15a. Nevada			14a. Self employed		12. [REDACTED]
COUNTY			KIND OF BUSINESS OR INDUSTRY		15e. Yes
15b. Eureka			14b. Hardware		
CITY, TOWN, OR LOCATION			STREET AND NUMBER		
15c. Eureka			15d. County Road		
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. John B. Biale			17. Laura J. Bonetti		
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
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		Mountain Vista Chapel 19
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.)		
21b. 12/22/99			22b. [REDACTED]		
HOUR OF DEATH			HOUR OF DEATH		
21c. 5:20 P.M.			22c. [REDACTED]		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
21d. [REDACTED]			22d. ON		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print)			LICENSE NUMBER		
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"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) CARDIOPULMONARY ARREST					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Severe Cerebrovascular Accident					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) [REDACTED]					
PART II 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					
WAS CASE REFERRED TO CORONER (Specify Yes or No)					
27. No					
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
28a. [REDACTED]		28b. [REDACTED]	28c. M	28d. [REDACTED]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE
28e. [REDACTED]		28f. [REDACTED]	28g. [REDACTED]	[REDACTED]	

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

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

Book 334 PAGE 400

BOOK 334 PAGE 398
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

BOOK 334 PAGE 401