

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 March 28, 1977, Recording Number 62808 on file in the office of the County Recorder in Eureka, Eureka County, Nevada and also found at Book 58, page 420.

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

An undivided one-half interest in Lot 4, and the North 10 feet of lot 9 of Block 21 of the town of Eureka, Nevada.

TOGETHER with all improvements situate thereon.

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

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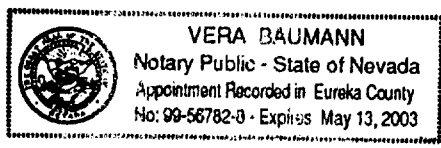
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1 STATE OF NEVADA }
2 COUNTY OF EUREKA } SS

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 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

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 checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
5. White		6.		7a. 96	
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	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13.		14a. Self employed		14b. Hardware	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
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	
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		20c. 450 Mill Street—P.O. Box 367 Ely, Nevada 89301	
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)		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)		DATE SIGNED (Mo., Day, Yr.)	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		HOUR OF DEATH	
21b. 12/22/99		21c. 5:20 P.M.		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. AT	
21d.		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		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) Dorothy Robinson		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).)		Interval between onset and death			
PART I (a) CARDIOPULMONARY ARREST		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		4 days			
(b) Seven Cerebrovascular Accidents		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:					
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)			
PART II		26. No			
ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28b.		28c. M	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.	
28e.		28f.		28g.	
		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:

JUN 12 2000

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 335 PAGE 022
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Arthur Biale
00 JUN 16 PM 1:08

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES \$10.00

174714

COPY

BOOK 335 PAGE 025