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NO. _____

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) SS
COUNTY OF EUREKA)

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 15, 1977, Recording Number 62780 on file in the office of the County Recorder in Eureka, Eureka County, Nevada and also found at Book 58, page 379.

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

An undivided one-half interest in Lots 7, 8, 9, and 10 in Block 16A of 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

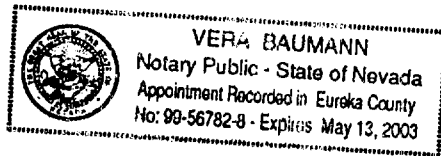
Lauris Kaye Biale White
LAURIS KAYE BIALE WHITE

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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



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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

#81-99

99 015011

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last Albert Ferdinand BIALE			2. DATE OF DEATH (Month, Day, Year) December 17, 1999		3a. COUNTY OF DEATH White Pine						
	3b. CITY, TOWN OR LOCATION OF DEATH Ely		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) William Bee Ririe Hospital		3a. Inpatient / 4. Male							
	5. RACE—e.g., White, Black, American Indian, etc. (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 96		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) April 10, 1903	
	9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)			
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Self employed		243		14b. KIND OF BUSINESS OR INDUSTRY Hardware						
15a. RESIDENCE—STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN, OR LOCATION Eureka		15d. STREET AND NUMBER County Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
PARENTS	16. FATHER—NAME First Middle Last John B. Biale			17. MOTHER—MAIDEN NAME First Middle Last 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>							
	21b. DATE SIGNED (Mo., Day, Yr.) 12/22/99		21c. HOUR OF DEATH 5:20 P.M.		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH					
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. ON		22e. AT					
	23a. 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						23b. LICENSE NUMBER 8837					
CAUSE OF DEATH	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					
	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:				Interval between onset and death 4 days					
PART II (c)		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						
28e. 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		



STATE REGISTRAR

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

[Signature]

Date Issued: JUN 12 2000

State Registrar

No.155828

BOOK 335 PAGE 28

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 335 PAGE 026
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Arthur Biale
00 JUN 16 PM 1:10

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 10⁰⁰

174715

COPY

BOOK 335 PAGE 029