

1 NO. \_\_\_\_\_

2 **174715**

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

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

18           An undivided one-half interest in Lots 7, 8, 9, and 10 in Block 16A of  
19 of the town of Eureka, Nevada.

20       TOGETHER with all improvements situate thereon.

21       IN WITNESS WHEREOF, Affiants have hereunto set their hands on this 30<sup>th</sup> day of  
22 May, 2000.

23       Claire M. Bostic  
24       CLAIRE M. BOSTIC

25       Lauris Kaye Biale White  
26       LAURIS KAYE BIALE WHITE

27       ///

28       ///

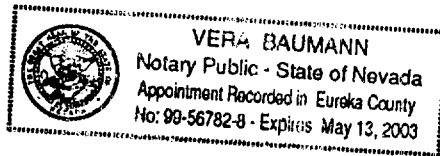
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1 STATE OF NEVADA        )  
2 COUNTY OF EUREKA    ) SS

3       On this 30<sup>th</sup> 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

|  |  |  |   |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|
| 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   |  | 3a. Inpatient  |  |  |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  | 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)                              |  | MOS : DAYS   |  |
|  | 5. White   |  | 6.  |  | 7a. 96   |  | 7b. :  |  |
|  | STATE OF BIRTH (If not U.S.A., name country)   |  | CITIZEN OF WHAT COUNTRY   |  | Decedent's Education. Specify highest grade completed. |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)                      |  |
|  | 9a. Nevada   |  | 9b. U.S.A.  |  | 10. 12   |  | 11. Widowed  |  |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  | SOCIAL SECURITY NUMBER   |  | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)  |  | KIND OF BUSINESS OR INDUSTRY (Specify)                 |  | SURVIVING SPOUSE (If wife, give maiden name)                             |  |
|  | 13.  |  | 14a. Self employed  |  | 14b. Hardware  |  | 12.  |  |
|  | RESIDENCE—STATE  |  | COUNTY  |  | CITY, TOWN, OR LOCATION                                |  | STREET AND NUMBER  |  |
|  | 15a. Nevada  |  | 15b. Eureka   |  | 15c. Eureka  |  | 15d. County Road   |  |
| PARENTS  | 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  |  |  |  |  |
| DISPOSITION  | 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                      |  |
| CERTIFIER  | 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] MD   |  |   | (Signature and Title) [Signature]  |  |  |  |  |
|  | DATE SIGNED (Mo., Day, Yr.)  |  |   | HOUR OF DEATH  |  |  | DATE SIGNED (Mo., Day, Yr.)  |  |
|  | 21b. 12/22/99  |  |   | 21c. 5:20 P.M.   |  |  | 22c.   |  |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  |   | PRONOUNCED DEAD (Mo., Day, Yr.)  |  |  |  |  |
|  | 21d.   |  |   | 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  |  |  |  |  |
| CAUSE OF DEATH   | REGISTRAR  |  |   | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)   |  |  | DEATH DUE TO COMMUNICABLE DISEASE  |  |
|  | 24a. (Signature) [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))  |  |   | Interval between onset and death   |  |  |  |  |
|  | PART I (a) CARDIOPULMONARY ARREST  |  |   | Interval between onset and death   |  |  |  |  |
| CAUSE OF DEATH   | (b) Seven Cerebrovascular Accidents  |  |   | Interval between onset and death   |  |  |  |  |
|  | (c)  |  |   | 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. |  |   | AUTOPSY (Specify Yes or No)  |  |  |  |  |
|  | 26. No   |  |   | 27. No   |  |  |  |  |
| CAUSE OF DEATH   | ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)   |  |   | DATE OF INJURY (Mo., Day, Yr.)   |  |  | HOUR OF INJURY   |  |
|  | 28a.   |  |   | 28b.   |  |  | 28c.   |  |
|  | INJURY AT WORK (Specify Yes or No)   |  |   | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  |  |  | LOCATION.  |  |
|  | 28d.   |  |   | 28e.   |  |  | 28f.   |  |

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 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 10<sup>00</sup>

**174715**

COPY

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