

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 April 1, 1977, Recording Number 62819 on file in the office of the County Recorder in Eureka, Eureka County, Nevada and also found at Book 58, page 430.

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

An undivided one-half interest in Lots 10, 11, 12, 13 and the south 1/2 of Lot 14 in Block 21 of the town of Eureka, Nevada;

and

Lot 11 and the south 24.6 feet of Lot 12 in Block 37 of the town of Eureka, Nevada.

TOGETHER with the tenements, hereditaments, and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

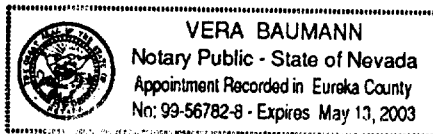
IN WITNESS WHEREOF, Affiants have hereunto set their hands on this 30th day of May, 2000.

Claire M. Bostic
CLAIRE M. BOSTIC

Lauris Kaye Biale White
LAURIS KAYE BIALE WHITE

1 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

TYPE
OR PRINT
IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

1. DECEASED—NAME First Middle Last Albert Ferdinand BIALE			2. DATE OF DEATH (Month, Day, Year) December 17, 1999		3. COUNTY OF DEATH White Pine	
4. CITY, TOWN OR LOCATION OF DEATH Ely			5. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) William Bee Ririe Hospital			
6. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White			7. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. U.S.A.		8. SEX Male	
9. STATE OF BIRTH (If not U.S.A., name country) Nevada			10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
12. SOCIAL SECURITY NUMBER [REDACTED]			13. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Self employed		14. KIND OF BUSINESS OR INDUSTRY Hardware	
15. RESIDENCE—STATE Nevada		16. COUNTY Eureka		17. CITY, TOWN, OR LOCATION Eureka		
18. FATHER—NAME First Middle Last John B. Biale		19. MOTHER—MAIDEN NAME First Middle Last Laura J. Bonetti				
20. INFORMANT—NAME (Type or Print) Arthur Biale (son)			21. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 248 Eureka, NV, 89316			
22. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			23. CEMETERY OR CREMATORY—NAME Sunset Crematory		24. LOCATION City or Town State Elko, Nevada	
25. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in Such) [Signature]			26. FUNERAL DIRECTOR LICENSE NUMBER 12		27. NAME AND ADDRESS OF FACILITY Mountain Vista Chapel 19 450 Mill Street-P.O. Box 367 Ely, Nevada 89301	
28. To be completed by CERTIFYING PHYSICIAN 28a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] M.D. 28b. DATE SIGNED (Mo., Day, Yr.) 12/22/99 28c. HOUR OF DEATH 5:20 P.M. 28d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Yousri Gadallah, M.D. 802 Ave E Suite #3 Ely, Nevada 89301			29. To be completed by Coroner's Office 29a. 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] 29b. DATE SIGNED (Mo., Day, Yr.) 12/22/99 29c. PRONOUNCED DEAD (Mo., Day, Yr.) 12/22/99 29d. PRONOUNCED DEAD (Hour) 5:20 P.M. 29e. ON AT			
30. 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					31. LICENSE NUMBER 8837	
32. REGISTRAR 32a. (Signature) [Signature]			32b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 27, 1999		32c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
33. 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) Seven Cerebrovascular Accidents 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. PART II ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. DATE OF INJURY (Mo., Day, Yr.) 28b. HOUR OF INJURY 28c. DESCRIBE HOW INJURY OCCURRED 28d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION. 28g. STREET OR R.F.D. No. 28h. CITY OR TOWN 28i. STATE 28j.						

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

No.155828

BOOK 335 PAGE 32

BOOK 335 PAGE 030
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Arthur Biale
00 JUN 16 PM 1:12

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. **174716** FEES 10.00

COPY

BOOK 335 PAGE 033