

1 NO. \_\_\_\_\_  
2

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

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 10, 11, 12, 13 and the south 1/2 of Lot 14 in  
19 Block 21 of the town of Eureka, Nevada;

20                                and

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

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

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

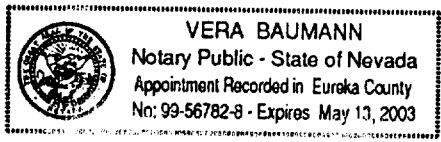
27        *Claire M. Bostic*  
28        \_\_\_\_\_  
CLAIRE M. BOSTIC

*Lauris Kaye Biale White*  
      \_\_\_\_\_  
LAURIS KAYE BIALE WHITE

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STATE OF NEVADA )  
COUNTY OF EUREKA ) SS

On this 30<sup>th</sup> day of May, 2000, personally appeared before me, a notary public,  
CLAIRE M. BOSTIC and LAURIS KAYE BIALE WHITE, both of whom are personally known  
to me and who both acknowledged that they executed the above instrument.



*Vera Baumann*  
NOTARY PUBLIC

COOPER

# 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

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

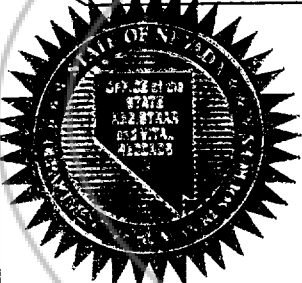
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First: <b>Albert</b> Middle: <b>Ferdinand</b> Last: <b>BIALE</b>			2. DATE OF DEATH (Month, Day, Year) <b>December 17, 1999</b>		COUNTY OF DEATH 3a. <b>White Pine</b>
3b. <b>Ely</b>			3c. <b>William Bee Ririe Hospital</b>		3e. <b>Inpatient</b>
4. CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		SEX 4. <b>Male</b>
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		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) <b>96</b>	7b. UNDER 1 YEAR MOS : DAYS
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. Decedent's Education. Specify highest grade completed. <b>12</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Self employed</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN, OR LOCATION <b>Eureka</b>	
16. FATHER—NAME First: <b>John</b> Middle: <b>B.</b> Last: <b>Biale</b>		17. MOTHER—MAIDEN NAME First: <b>Laura</b> Middle: <b>J.</b> Last: <b>Bonetti</b>			
18a. INFORMANT—NAME (Type or Print) <b>Arthur Biale (son)</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 248 Eureka, NV, 89316</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>Sunset Crematory</b>		19c. LOCATION (City or Town, State) <b>Elko, Nevada</b>	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>12</b>		20c. NAME AND ADDRESS OF FACILITY <b>Mountain Vista Chapel 19 450 Mill Street—P.O. Box 367 Ely, Nevada 89301</b>	
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> <b>MD</b>			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.) <b>12/22/99</b>		21c. HOUR OF DEATH <b>5:20 P.M.</b>		22b. DATE SIGNED (Mo., Day, Yr.)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. ON
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) <b>Yousri Gadallah, M.D. 802 Ave E Suite #3 Ely, Nevada 89301</b>			22e. AT		
23a. REGISTRAR (Signature) <i>[Signature]</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>December 27, 1999</b>		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).)					
PART I (a) <b>CARDIOPULMONARY ARREST</b>			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b) <b>Seven Cerebrovascular Accidents</b>			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
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) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. DESCRIBE HOW INJURY OCCURRED	
28i. LOCATION		28j. STREET OR R.F.D. No.		28k. CITY OR TOWN	
28l. STATE					



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**

*[Signature]*  
State Registrar

No.155828

BOOK 335 PAGE 32

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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<sup>00</sup>

COPY

BOOK 335 PAGE 033