

Assessor's Parcel No: 005 -470 -12

When recorded mail to:
Byron L. Nead
690 Holcomb Avenue, Apt. 4
Reno, NV 89502

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 SS
COUNTY OF WASHOE)

BYRON L. NEAD, does hereby swear under penalty of perjury that the assertions of this affidavit are true.

That he is the surviving joint tenant named in that certain Deed dated August 29, 1978 recorded in the office of the County Recorder of Eureka County, State of Nevada, in Book 66 at page 127 Records of Eureka County, Nevada, as Document No. 66287.

That EILEEN J. NEAD named within as joint tenant in said Deed died in the County of Chelan, State of Washington on July 20, 1999.

That attached hereto, made a part hereof by reference and marked Exhibit "A" is a certified copy of the death certificate of said decedent.

That the person referred to in said death certificate is one and the same person designed as EILEEN J. NEAD in said Deed hereinabove described.

That affiant herein is designated with said decedent in said Deed as joint tenant with right of survivorship.

**LAW OFFICES
PETERSEN & PETERSEN
SUITE 310
245 EAST LIBERTY STREET
P.O. BOX 3155
RENO, NEVADA 89505**

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That the property described in said Deed is situate in the County of Eureka, State of Nevada is bounded and described as follows:

TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B.& M.

SECTION 33: SE1/4 NW1/4 SE1/4

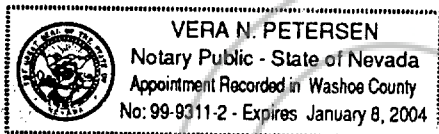
Affiant makes this affidavit for the purpose of establishing BYRON L. NEAD, the surviving joint tenant, sole title in and to the Deed herein described by reason of the death of EILEEN J. NEAD.

DATED this 26 day of June, 2000.

Byron L. Nead
Byron L. Nead

SUBSCRIBED AND SWORN to before me
by Byron L. Nead this 26 day of
June, 2000.

Vera N. Petersen
NOTARY PUBLIC



LAW OFFICES
PETERSEN & PETERSEN
SUITE 810
245 EAST LIBERTY STREET
P.O. BOX 3155
RENO, NEVADA 89505

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STATE OF WASHINGTON DEPARTMENT OF HEALTH



Washington State Department of
Health

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

OFFICE
USE
ONLY

1. DISTRICT

LOCAL FILE NUMBER

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21. ACC LOC

22. QUERIES

23.

24.

1. NAME First Middle Last
Eileen Jeanette NEAD

2. SEX (M / F)
Female

3. DEATH DATE (Mo. Day, Yr)
7/20/1999

4. AGE LAST BIRTHDAY (Yrs)
66

5. UNDER 1 YEAR
MOS

6. UNDER 1 DAY
HOURS MINS

7. BIRTHDATE (Mo. Day, Yr)
Feb. 11, 1933

8. BIRTHPLACE
(City, State or Foreign Country)
Libby, Montana

9. WAS DECEDENT EVER
IN U.S. ARMED FORCES?
(Yes / No)
No

10. COUNTY OF DEATH
Chelan

11. CITY, TOWN OR LOCATION OF DEATH
Wenatchee

12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME
1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☒ EMERG. AM/OUT PTN 4 ☐ HOSP. 5 ☐ NUR HOME 6 ☐ OTHER PLACE
Central Washington Hospital - ER

13. SMOKING IN LAST
15 YEARS? (Yes / No)
Yes

14. MARITAL STATUS—Married,
Never Married, Widowed,
Divorced (Specify)
Married

15. SURVIVING SPOUSE (if wife, give maiden name)
Byron Leslie Nead

16. SOCIAL SECURITY NO.
[REDACTED]

17. DECEDENT'S EDUCATION
(Specify only highest grade completed)
Elementary/Secondary (0-12)
11

College (1-4 or 5+)
-0-

18. USUAL OCCUPATION (Give kind of work done
during most of working life. DO NOT USE RETIRED)
Card Dealer

19. KIND OF BUSINESS OR INDUSTRY
Casino

20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify,
Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)
(Yes / No) Specify: No

21. RACE (Specify)
White

22. RESIDENCE—NUMBER AND STREET
2265 - 5th St. N.E.

23. CITY/TOWN OR LOCATION
East Wenatchee

24. INSIDE CITY
LIMITS?
(Yes / No)
No

25A. COUNTY
Douglas

25B. LENGTH OF
RES. IN CO.
6 mos.

26. STATE
WA

27. ZIP CODE
98802

28. FATHER'S NAME—FIRST, MIDDLE, LAST
Harold Bitterman

29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Dorothy Evans

30. INFORMANT—NAME
Mr. Byron L. Nead

31. MAILING ADDRESS
STREET OR RFD NO. CITY OR TOWN STATE ZIP
2265 - 5th St. N.E., East Wenatchee, Washington 98802

32. BURIAL, CREMATION
REMOVAL, OTHER (Specify)
Burial

33. DATE (Mo. Day, Yr)
July 26, 1999

34. CEMETERY/CREMATORY—NAME
Evergreen Memorial Park

35. LOCATION—CITY/TOWN, STATE
East Wenatchee, Washington

36. FUNERAL DIRECTOR SIGNATURE
X Jeffrey A. Wilson

37. NAME OF FACILITY
Telford's
Chapel of the Valley

38. ADDRESS OF FACILITY
711 Grant Road
East Wenatchee, WA 98802

39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE
AND WAS DUE TO THE CAUSE(S) STATED.

40. DATE SIGNED (Mo., Day, Yr)
7/21/99

41. HOUR OF DEATH (24 Hrs.)
2316

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
Gerald Rappe, M.D.; 227 Grover Court, Wenatchee, Washington 98801

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT
THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

44. DATE SIGNED (Mo., Day, Yr)
7/20/99

45. HOUR OF DEATH (24 Hrs.)
2316

46. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Gerald Rappe, M.D.; 227 Grover Court, Wenatchee, Washington 98801

49. MEDICORONER FILE NUMBER
C238340761

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:
IMMEDIATE CAUSE (Final disease or
condition resulting in death):
Probable Ventricular dysrhythmia

INTERVAL BETWEEN ONSET AND
DEATH
m. nutes

DO NOT ENTER THE MODE OF
DYING, SUCH AS CARDIAC OR
RESPIRATORY ARREST, SHOCK, OR
HEART FAILURE. LIST ONLY ONE
CAUSE ON EACH LINE.
Sequently list conditions, if any,
leading to immediate cause. Enter
UNDERLYING CAUSE (Disease or
injury which initiated events resulting
in death) LAST.

DUE TO, OR AS A CONSEQUENCE OF:
Severe Atherosclerotic coronary hrt disease

INTERVAL BETWEEN ONSET AND
DEATH
Years

DUE TO, OR AS A CONSEQUENCE OF:
[Blank]

INTERVAL BETWEEN ONSET AND
DEATH

DUE TO, OR AS A CONSEQUENCE OF:
[Blank]

INTERVAL BETWEEN ONSET AND
DEATH

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE
Previous Myocardial Infarction

52. AUTOPSY?
(Yes / No)
Yes

53. WAS CASE REFERRED TO
MEDICAL EXAMINER OR
CORONER? (Yes / No)
Yes

54. ACC. SUICIDE, HOM. UNDET.
OR PENDING INVEST. (Specify)
[Blank]

55. INJURY DATE (Mo. Day, Yr)
[Blank]

56. HOUR OF INJURY
(24 Hrs.)
[Blank]

57. DESCRIBE HOW INJURY OCCURRED.
[Blank]

58. INJURY AT WORK?
(Yes / No)
[Blank]

59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, [Blank]
BLDG. ETC. (Specify)
[Blank]

60. RECORD AMENDMENT (Register use only)
ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE
[Blank]

63. DATE RECEIVED (Mo., Day, Yr)
JUL 23 1999

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

DA 01-003 (8/96)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY
ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER:				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 8/96)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
- Examples of documents of proof:

Baptismal Certificate	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record (DD-214)	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	Passport
- Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name with only their signature until the child's 18th birthday.
- This affidavit cannot be used to add a father to a birth certificate.

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

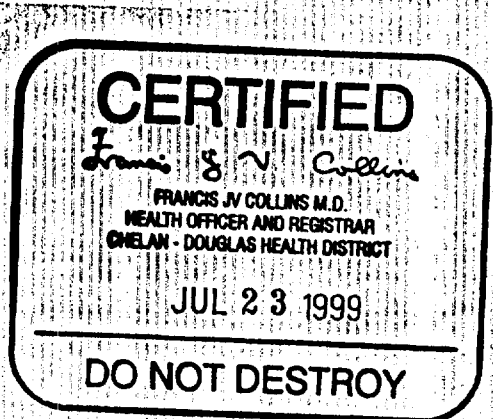
- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

This is a legal document.
Complete in ink and do not alter.

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Peterson & Peterson
00 JUN 28 PM 1:10
LUREKA COUNTY NEVADA
M.H. REBALEATI, RECORDER
FILE NO. 174850
FEES 10.00



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FF139696