

178131

Affidavit-Termination of Joint Tenancy (Death of a Joint Tenant)

I, BETTY J. TOMPOROWSKI, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That WILLIAM H. TOMPOROWSKI, the decedent
(Decedent Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as _____

WILLIAM H. TOMPOROWSKI
(Decedent Name as shown on Death)

named as one of the parties in that certain TREASURER'S TAX DEED TO JOINT TENANTS,
(Type of Document)

dated on the _____ day of _____, 19____, and executed by _____
JOAN SHANGLE, EUREKA COUNTY TREASURER, known as "Grantor(s)"
to BETTY J. TOMPOROWSKI, known
as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. _____, on the
_____ day of _____, 19____, in book _____, of Official

Records of EUREKA County, Nevada, covering the following described property situated in the City of
CRESCENT VALLEY, County of EUREKA, State of Nevada.

(Set forth legal description and commonly known street address, if known)

CRESCENT VALLEY RANCH & FARMS UNIT # 1

002-019-17 (003982) 4078 EUREKA AVENUE, CRESCENT VALLEY
002-016-05 (003978) 3052 CRESCENT AVENUE, CRESCENT VALLEY
002-016-06 (003979) 3032 CRESCENT AVENUE, CRESCENT VALLEY
002-054-05 (003990) 3037 CRESCENT AVENUE, CRESCENT VALLEY
002-017-09 (003992) 3074 CRESCENT AVENUE, CRESCENT VALLEY
002-019-09 (003991) 3087 CRESCENT AVENUE, CRESCENT VALLEY
002-017-24 (003977) 2267 LANDER AVENUE, CRESCENT VALLEY
002-033-02 (003985) 275 SECOND STREET, CRESCENT VALLEY
002-027-20 (003984) 280 SECOND STREET, CRESCENT VALLEY
002-033-05 (003986) 283 SECOND STREET, CRESCENT VALLEY
002-038-08 (003987) 453 FOURTH STREET, CRESCENT VALLEY
002-039-04 (003988) 469 FOURTH STREET, CRESCENT VALLEY

ASSESSOR'S PARCEL NO. (APN#) See Exhibit A for Additional

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed
the sum of \$ _____

In Witness Whereof, I/We have hereunto set my hand/four hands this 6 day of May, 2002

Betty J. Tomporowski
(Signature)

BETTY J. TOMPOROWSKI
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA)
COUNTY OF Eureka)

On this 6 day of May, 2002
personally appeared before me, a Notary Public

Betty Tomporowski

personally known to me to be the person whose name(s) is subscribed
to the above instrument who acknowledged that She executed
the instrument.

Adell Panning
(Notary Public)



(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO
BETTY J. TOMPOROWSKI
NAME
ADDRESS P.O. BOX 211063
CITY/STATE/ZIP CRESCENT VALLEY, NEVADA 89821

If applicable mail tax statements to

NAME
ADDRESS
CITY/STATE/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

Nevada Legal Forms 182 (10/27/99) - Termination of Joint Tenancy - AFF 111 G
C 1991 - 14 x 20 pt. CAUTION: If the ink on this form is BROWN it is an original.
Material may not be reproduced in whole or in part in any form whatsoever.
Consult an attorney if you doubt this form meets for your purpose.

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EXHIBIT 1
CRESCENT VALLEY RANCH & FARMS UNIT # 1

002-019-13 (003981) 233 SECOND STREET, CRESCENT VALLEY, NEVADA
002-019-10 (003980) 3089 CRESCENT AVENUE, CRESCENT VALLEY, NEVADA
002-025-06 (003983) 172 FIRST STREET, CRESCENT VALLEY, NEVADA
002-058-01 (003993) 4031 EUREKA AVENUE, CRESCENT VALLEY, NEVADA
002-041-01 (003989) 636 SIXTH STREET, CRESCENT VALLEY, NEVADA

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

94 012019

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
		William H. TOMPOROWSKI		December 17, 1994		Eureka	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or inst. indicate DGA, OPI, etc. (Specify)		SEX	
Crescent Valley		Tomprowski Residence		7		male	
RACE—(a) White, Black, American Indian, etc. (Specify)		Was Decedent of Hispanic Origin? Specify () yes () no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
white		No		75		December 9, 1919	
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)	
Minnesota		USA		8		Married	
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)	
		Contractor		990		Betty Olson	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
Nevada		Eureka		Crescent Valley		RFD	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
Warren Tomporowski		Rose Krawiecke					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
Betty Tomporowski		P.O. Box 63 Crescent Valley, Nevada 89821					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
Cremation		Sunset Crematory		Elko Nevada			
FUNERAL DIRECTOR—SIGNATURE (For Person Acting as Such)		NAME AND ADDRESS OF FACILITY		07 89803			
20a. Burns		Burns Funeral Home, Inc. P.O. Box 689 Elko, NV					
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 investigation, at my opinion death occurred at the time, date and place and due to the cause(s) stated.					
(Signature and Title)		(Signature and Title)					
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)					
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. 12-27-94		10:25 AM			
		22c. 12-17-94		10:55 AM			
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		22d. ON					
21e. Kenneth E. Jones, P.O. Box 736, Eureka, Nevada 89316		22e. AT					
21f. REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
21g. Susan Thomas		12/28/94		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) Myocardial Infarction				immediate			
(b) Congestive Heart Failure				Interval between onset and death			
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				Interval between onset and death			
PART II				AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		26. no		27. yes	
26a. INJURY AT WORK (Specify Yes or No)		26b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		26c. HOUR OF INJURY		26d. DESCRIBE HOW INJURY OCCURRED	
26e. 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.

Date issued: MAY 16 2002

Yvonne Sylva
State Registrar

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OFFICIAL RECORDS
RECORDED AT THE CLERK'S OFFICE
Billy Tompowski
02 MAY 24 PM 1:09

LUNERA COUNTY, NEVADA
J.M. REDALE, CLERK
FILE NO. FEES 17.00

178131

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