

178423

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA,)
) ss.
COUNTY OF ELKO.)

Christine Healy, hereby solemnly swears, deposes, says under oath, and declares under penalties of perjury that the following assertions are true:

1. Affiant is a person who has knowledge of all of the facts hereinafter set forth:
2. Affiant is the surviving spouse of M. R. Healy, also known as, Melvin Ross Healy, Jr., of Elko County, Nevada, now deceased.
3. The aforesaid M. R. Healy, one of the Grantees named in the Deed hereinafter described, died in the City of Reno, County of Washoe, State of Nevada, on July 12, 1994, and is the identical person named as Melvin Ross Healy, Jr., in that Certificate of Death, duly certified, marked Exhibit A attached hereto, and incorporated into and made a part hereof by reference.
4. M. R. Healy, became a joint tenant with Christine Healy, as to the property, and in the conveyance hereinafter described:

Deed dated June 1, 1978, executed by M. R. Healy and Christine Healy, and L.W. Haines and Audrey D. Haines, First Parties, in favor of M. R. Healy and Christine Healy, his wife, as joint tenants and not as tenants in common, as Second Parties, recorded on June 15, 1978, in Book 64, Official Records, Page 186, Eureka County Recorder's Office, Eureka, Nevada, conveying that certain real property situate in the County of Eureka, State of Nevada, and more particularly described as follows:

WILSON AND BARROWS, LTD.
ATTORNEYS AT LAW
P.O. BOX 399
ELKO, NEVADA 89801-0399

BOOK 348 PAGE 439

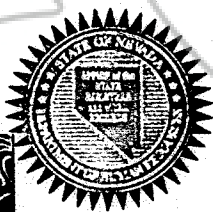
STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

ROLL 82 IMAGE 378

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LOCAL FILE NUMBER 1436		STATE FILE NUMBER	
DECEASED—NAME First Middle Last Melvin Ross HEALY Jr.		DATE OF DEATH (Month, Day, Year) July 10, 1994	COUNTY OF DEATH Washoe
1. CITY, TOWN, OR LOCATION OF DEATH Reno		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) Veterans Administration Hospital	2. If Hosp or Inst indicate DOA, OP/Emar, Res. Incident (Specify) Inpatient
3. RENO RACE—(g. White, Black, American Indian, etc.) (Specify) White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	SEX Male
8. STATE OF BIRTH (if not U.S.A., name country) Oregon		CITIZEN OF WHAT COUNTRY U.S.A.	DATE OF BIRTH (Mo., Day, Yr.) May 3, 1921
9. SOCIAL SECURITY NUMBER 3311		Decedent's Education. Specify highest grade completed 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
13. RESIDENCE—STATE Nevada		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Night Watchman	14b. SURVIVING SPOUSE (if wife, give maiden name) Christine Watts
15a. FATHER—NAME First Middle Last Melvin R. Healy Sr.		15b. MOTHER—MAIDEN NAME First Middle Last Mae Barney	
16. INFORMANT—NAME (Type or Print) Christine Healy		17. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. BOX 607 - Carlin, NV. 89822	
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		18b. CEMETERY OR CREMATORY—NAME Masonic Memorial Gardens	18c. LOCATION City or Town State Reno Nevada
19a. FUNERAL DIRECTOR—SIGNATURE <i>[Signature]</i>		19b. FUNERAL DIRECTOR LICENSE NUMBER 35	19c. NAME AND ADDRESS OF FACILITY John Sparks Memorial 31 414 12th Street Sparks, Nevada 89431
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> M.D. DATE SIGNED (Mo., Day, Yr.) July 12, 1994		21b. HOUR OF DEATH 1930	
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) SHAW-BOR HSU, M.D., 1000 Locust Street, Reno, NV 89520		21d. LICENSE NUMBER 20	
24a. (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 12, 1994	24c. DEATH DUE TO COMMUNICABLE DISEASE NO
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART 1 (a) Bilateral bronchopneumonia DUE TO, OR AS A CONSEQUENCE OF: PART 2 (b) Multiple myeloma with renal failure DUE TO, OR AS A CONSEQUENCE OF: PART 3 (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) Yes	
26a. ACC. SUICIDE, HOW, UNDET. OR PENDING INVEST. (Specify) 203.01		26b. DATE OF INJURY (Mo., Day, Yr.)	26c. HOUR OF INJURY
26d. INJURY AT WORK (Specify Yes or No)		26e. PLACE OF INJURY—(A home, farm, street, factory, office building, etc.) (Specify)	26f. DESCRIBE HOW INJURY OCCURRED
26g. LOCATION		26h. STREET OR R.F.D. No.	26i. CITY OR TOWN STATE



STATE REGISTRAR

[Signature]
Yvonne Sylva

This is to certify that the above is a true and correct copy of the certificate on file in this office.

JUL 19 2002

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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Township 32 North, Range 51 East, MDB&M

Section 28: E $\frac{1}{2}$ SW $\frac{1}{4}$

Together with the improvements thereon situate.

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

5. M. R. Healy, was survived by the following joint tenants, as to the above-described property: Christine Healy.

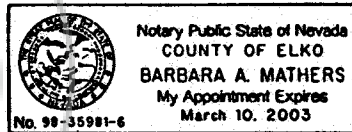
6. This Affidavit is made pursuant to NRS 40.525 and NRS 111.365 for the purpose of terminating the joint tenancy above described, and vesting all right, title and interest of the aforesaid deceased joint tenant solely in the aforesaid surviving joint tenant, all of record.


Christine Healy

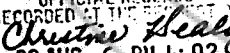
Subscribed and sworn to before me this 18th day of ^{May 1999} ~~June~~, 1997, by Christine Healy.

Assessor's Parcel # 4370-24


Notary Public



BOOK 348 PAGE 439

OFFICIAL RECORDS
RECORDED AT THE REQUEST OF

02 AUG -6 P11 4: 02

ELKO COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 16.00

178423

BOOK 348 PAGE 441

WILSON AND BARROWS, LTD.
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P.O. BOX 389
ELKO, NEVADA 89601-0389