

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 89801-4399

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		LOCAL FILE NUMBER 1436		STATE FILE NUMBER 94 006795					
TYPE OR PRINT IN PERMANENT BLACK INK		DECEASED-NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH			
		Melvin Ross HEALY Jr.		July 10, 1994		Washoe			
DECEDENT		1. CITY, TOWN, OR LOCATION OF DEATH		2. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number)		3. Inpatient /		SEX	
		Reno		Veterans Administration Hospital		Inpatient /		Male	
IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEMS		4. RACE-Is g. White, Black, American Indian, etc. (Specify)		5. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		6. AGE-Last Birthday (Years) 7a. 73		7. UNDER 1 YEAR 7b. MOS : DAYS : HOURS : MIN. 7c. UNDER 1 DAY 7d. HOURS : MIN. : SEC.	
		White						8. DATE OF BIRTH (Mo., Day, Yr.) May 3, 1921	
		9. STATE OF BIRTH (If not U.S.A., name country)		10. CITIZEN OF WHAT COUNTRY		11. Decedent's Education, Specify highest grade completed 12. 12		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
		Oregon		U.S.A.				14. SURVIVING SPOUSE (If wife, give maiden name) Christine Watts	
		15. SOCIAL SECURITY NUMBER 15a. 3311		16. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 16a. Night Watchman		17. KIND OF BUSINESS OR INDUSTRY 17a. 426		18. 180 Iron Mining Company	
		19. RESIDENCE-STATE		20. COUNTY		21. CITY, TOWN, OR LOCATION		22. STREET AND NUMBER	
		Nevada		Elko		Palisade		Rural	
PARENTS		23. FATHER-NAME First Middle Last		24. MOTHER-MAIDEN NAME First Middle Last					
		Melvin R. Healy Sr.		Mae Barney					
		25. INFORMANT-NAME (Type or Print)		26. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
		Christine Healy		P.O. BOX 607 - Carlin, NV. 89822					
DISPOSITION		27. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		28. CEMETERY OR CREMATORY-NAME		29. LOCATION City or Town State			
		Cremation		Masonic Memorial Gardens		Reno Nevada			
		30. FUNERAL DIRECTOR, SIGNATURE (If not a funeral home, give name and address of facility)		31. FUNERAL DIRECTOR LICENSE NUMBER		32. NAME AND ADDRESS OF FACILITY		33. 414 12th Street Sparks, Nevada 89431	
		34. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)		35. HOUR OF DEATH		36. To the best of my knowledge 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) DATE SIGNED (Mo., Day, Yr.)		37. HOUR OF DEATH	
		July 12, 1994		1930					
CERTIFIER		38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		39. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		40. LICENSE NUMBER			
				SHAW-BOR HSU, M.D., 1000 Locust Street, Reno, NV 89520		20			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST		41. REGISTRAR (Signature) DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		42. DEATH DUE TO COMMUNICABLE DISEASE		43. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
		20301		July 12, 1994					
CAUSE OF DEATH		44. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))		45. INTERVAL BETWEEN ONSET AND DEATH		46. PART I (a) Bilateral bronchopneumonia		Interval between onset and death	
		47. DUE TO, OR AS A CONSEQUENCE OF:		48. PART II (b) Multiple myeloma with renal failure		Interval between onset and death		Interval between onset and death	
		49. DUE TO, OR AS A CONSEQUENCE OF:		50. PART III (c) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause(s) given in Part I.		51. AUTOPSY (Specify Yes or No) 52. Yes		53. WAS CASE REFERRED TO CORONER (Specify Yes or No) 54. No	
		55. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) 56. INJURY AT WORK (Specify Yes or No)		57. DATE OF INJURY (Mo., Day, Yr.) 58. HOUR OF INJURY 59. DESCRIBE HOW INJURY OCCURRED		60. PLACE OF INJURY-At home, farm, street, factory, office, building, etc. (Specify)		61. LOCATION 62. STREET OR R.F.D. No. 63. CITY OR TOWN 64. 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: JUL 19 2002

Yvonne Sylva
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

No.065573
BOOK 348 PAGE 440

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.

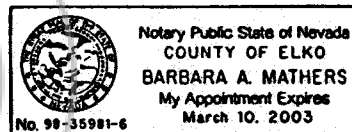
6. This Affidavit is made pursuant to NRS 40.525 and NRS 111.365 for the purpose of terminating the joint tenancy above described, and vesting all right, title and interest of the aforesaid deceased joint tenant solely in the aforesaid surviving joint tenant, all of record.

Christine Healy
Christine Healy

Subscribed and sworn to before
me this 18th day of June, 1997, by
Christine Healy.

Assessor's Parcel # 4370-24

Barbara A. Mathers
Notary Public



BOOK 348 PAGE 439
OFFICIAL RECORDS

RECORDED AT THE REQUEST OF
Christine Healy
02 AUG -6 PM 4:02

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

178423

BOOK 348 PAGE 441

WILSON AND BARROWS, LTD.
ATTORNEYS AT LAW
P.O. BOX 309
ELKO, NEVADA 89801-0309