

BOOK 369 PAGE 57-160  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Betty Tomporowski*  
2003 NOV 17 AM 8:17

EUREKA COUNTY, NEVADA  
M.N. REGALEATI, RECORDER  
FILE NO. FEES 41/2

APN# 02-019-17 et al.

Recording Requested by:

183182

Name BETTY TOMPOROWSKI

Address P O Box 211063

City/State/Zip CRESCENT VALLEY, NV 89821

AFFADAVIT TERMINATING JOINT TENANCY (RE-RECORDED)  
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2.  
(Additional recording fee applies)

This cover page must be typed or printed.

BOOK 369 PAGE 57

**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

FRANCES GALE, EUREKA 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	BLK 10	LOT 22	4078 EUREKA AVENUE	CV
002-016-05	BLK 19	LOT 25	3052 CRESCENT AVENUE	CV
002-016-06	BLK 19	LOT 15 & 16	3032 CRESCENT AVENUE	CV
002-054-05	BLK 31	LOT 1	3037 CRESCENT AVENUE	CV
002-017-09	BLK 9	LOT 22	3074 CRESCENT AVENUE	CV
002-019-09	BLK 10	LOT 4	3087 CRESCENT AVENUE	CV
002-017-24	BLK 9	LOT 8	2267 LANDER AVENUE	CV
002-033-02	BLK 13	LOT 8	275 SECOND STREET	CV
002-027-20	BLK 2	LOT 20	280 SECOND STREET	CV
002-033-05	BLK 13	LOT 4	283 SECOND STREET	CV
002-038-08	BLK 22	LOT 5	453 FOURTH STREET	CV
002-039-04	BLK 23	LOT 10	469 FOURTH STREET	CV

ASSESSOR'S PARCEL NO. (APN#) (SEE EXHIBIT A FOR ADDITIONAL)

THIS DOCUMENT IS BEING RE-RECORDED TO CORRECT THE LEGAL DESCRIPTIONS

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/our hands this 17 day of November 2003

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 17th day of November 2003  
personally appeared before me, a Notary Public

Betty J. 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.

Mary Jo Casanova

(Notary Public)



MARY JO CASANOVA  
NOTARY PUBLIC  
STATE OF NEVADA  
App. registered in EUREKA COUNTY  
My Appt. Expires June 25, 2005  
Not. #7-7517-B

RECORDING REQUESTED BY AND MAIL TO

NAME BETTY J. TOMPOROWSKI  
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

EXHIBIT A

CRESCENT VALLEY RANCH & FARMS UNIT # 1

002-019-13	BLK 10	LOT 27 & 28	233 SECOND STREET CV
002-019-10	BLK 10	LOT 3 & 26	3089 CRESCENT AVENUE CV
002-025-06	BLK 1	LOTS 1-6	172 FIRST STREET CV
002-058-01	BLK 27	LOT 2-3-6-12	4031 BUREAKA AVENUE CV
002-041-01	BLK 26	LOTS 1-6	636 SIXTH STREET CV

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											
LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH		STATE FILE NUMBER			
		1 William H. TOMPOROWSKI		2 December 17, 1994		3a Eureka		94 012019			
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not enter, give street and number)		If those or last indicate DOA, OP-Emer, Rm. Inpatient (Specify)		SEX					
3b Crescent Valley		3c Tomporowski Residence		3d 7		4 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)		MOS. DAYS		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)	
5 white		8 No		7a 75		7b		7c		8 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)		SURVIVING SPOUSE (If wife, give maiden name)			
9a Minnesota		9b USA		10 8		11 Married		12 Betty Olson			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY (Specify)							
13		14a Contractor		14b 990							
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		RIDE CITY LIMITS (Specify Yes or No)			
15a Nevada		15b Eureka		15c Crescent Valley		15d RFD		15e No			
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last									
16 Warren Tomporowski		17 Rose Krawiecke									
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)									
18a Betty Tomporowski		18b P.O. Box 63 Crescent Valley, Nevada 89821									
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State							
19a Cremation		19b Sunset Crematory		19c Elko Nevada							
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		07 89803					
20a		20b 7		20c 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.		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		22a. On the basis of examination and/or investigation, I certify that death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b		21c		21d		22b 12-27-94		22c 10:25 AM		22d 10:55 AM	
21e		21f		21g		22e 12-17-94		22f 10:55 AM		22g	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23a Kenneth E. Jones, P.O. Box 736, Eureka, Nevada 89316		23b					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
24a (Signature) Susan Thomas		24b 12/28/94									
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))											
PART I (a) Myocardial Infarction											
DUE TO, OR AS A CONSEQUENCE OF:											
(b) Congestive Heart Failure											
DUE TO, OR AS A CONSEQUENCE OF:											
(c)											
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I											
26 no		26c		26d		26e		26f		26g	
ACC. SUICIDE, HOW, UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED					
27a		27b		27c		27d		27e		27f	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No		CITY OR TOWN		STATE	
28a		28b		28c		28d		28e		28f	

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No. 071147

STATE REGISTRAR

*Sylvia*

Date Issued: MAY 16 2002

State Registrar

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