

BOOK 369 PAGE 157-160
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

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 157

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

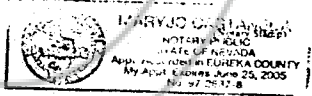
Betty J. Tomporowski
(Signature)
BETTY J. TOMPOROWSKI
(Print or type name here)

(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 Caslanini
Notary Public



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

Nevada Legal Forms, Inc. (702) 870-8977 • Affidavit Death of Joint Tenant • AIT 111 G
C 1997 • Rev 9/2002 • 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 the form fits for your purpose.

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

94 012019

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
			1 William H. TOMPOROWSKI		December 17, 1994	Eureka
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not enter, give street and number)		SEX	
	Crescent Valley		3* Tomporowski Residence		male	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g. White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify if yes <input type="checkbox"/> no <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNUSUAL YEAR MGS. - DAYS	UNDER 1 DAY HOURS - MINS
	white		No	75	7	7
FATHER—NAME First Middle Last	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)	DATE OF BIRTH (Mo., Day, Yr.)
	Minnesota		USA	8	Married	December 9, 1919
MOTHER—MAIDEN NAME First Middle Last	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	SURVIVING SPOUSE (If wife, give maiden name)	
			Contractor	022	990	Betty Olson
PARENTS	RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	HOUSE CITY LIMITS (Specify Yes or No)
	Nevada Eureka		Crescent Valley		RFD	No
DISPOSITION	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print)	
	Warren Tomporowski		Rose Krawiecke		Betty Tomporowski	
CERTIFIER	Mailing Address (Street or P.O. No., City or Town, State, Zip)		18a P.O. Box 63 Crescent Valley, Nevada 89821			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
CAUSE OF DEATH	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	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	20a [Signature]		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. (Signature and Title)		21b. HOUR OF DEATH		21c. DATE SIGNED (Mo., Day, Yr.)	
WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. DATE SIGNED (Mo., Day, Yr.)		21f. HOUR OF DEATH	
	21d. Kenneth E. Jones, P.O. Box 736, Eureka, Nevada 89316		21e. 12-27-94		21f. 10:55 AM	
STATE REGISTRAR	21g. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		21h. DATE SIGNED (Mo., Day, Yr.)		21i. HOUR OF DEATH	
	21g. Kenneth E. Jones, P.O. Box 736, Eureka, Nevada 89316		21h. 12-17-94		21i. 10:55 AM	
WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	22a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	22a. Deven Thomas		22b. 12/28/94		22c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART 1 (a) Myocardial Infarction		Interval between onset and death immediate	
			PART 1 (b) Congestive Heart Failure		Interval between onset and death	
WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	PART 2 (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
			26 no		27 yes	
WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	ACC. SUICIDE, HOW, UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
	25a		25b		25c	
WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—(In home, farm, street, factory, office building, etc.) (Specify)		LOCATION	
	25e		25f		25g	



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** *Sylvia* State Registrar

BOOK 369 PAGE 60

No. 071147