

BOOK 373 PAGE 335-337
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
June Espen
2004 JAN 14 PM 12:55

EUREKA COUNTY, NEVADA
M.N. REBAL. RECORDER
FEES 16.00
184980

APN: TP #2-056-11

AFFIDAVIT OF TERMINATION OF JOINT TENANCY

STATE OF NEVADA)
 : ss
COUNTY OF HUMBOLDT)

JUNE M. ESPEN, being first duly sworn, deposes and says:

1. That Affiant is the surviving joint tenant of GEORGE O. ESPEN, deceased, in certain real property described herein, Affiant is the surviving spouse of deceased.

2. That decedent died on December 18, 2003, in the County of Washoe, State of Nevada; that a certificate of death, certified to by the Division of Vital Statistics of the Nevada State Department of Health, at Carson City, Nevada, is attached hereto and made a part hereof by reference.

3. That the aforesaid decedent, during decedent's lifetime acquired with Affiant as joint tenants with full right of survivorship, certain property located in the County of Eureka, State of Nevada as follows, to wit:

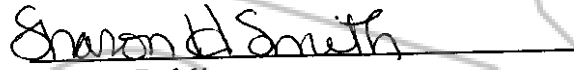
Lot 8, Block 39, Crescent Valley Ranch and Farms, Unit I, as recorded in the County of Eureka, State of Nevada

4. That the said joint tenancy ownership above-described existed at the time of death of said decedent, and by reason thereof, Affiant declares that Affiant is the sole

surviving joint tenant, and by reason thereof, has become the sole owner of the above-described property.


JUNE M. ESPEN

SUBSCRIBED AND SWORN to before me, a Notary Public, this 9 day of January, 2004.


Notary Public



COPIES

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 113 IMAGE 158

3494

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. George Olen ESPEN			DATE OF DEATH (Month, Day, Year) December 18, 2003		COUNTY OF DEATH 3a. Washoe
	CITY, TOWN OR LOCATION OF DEATH 3b. Reno			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		SEX 4. Male
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		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. 82	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :
	STATE OF BIRTH (If not U.S.A., name country) 9a. Montana		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	DATE OF BIRTH (Mo., Day, Yr.) 8. June 23, 1921
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Warehouseman		KIND OF BUSINESS OR INDUSTRY 14b. Mining	
	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Humboldt	CITY, TOWN, OR LOCATION 15c. Winnemucca	STREET AND NUMBER 15d. Castle Way 686	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
PARENTS	FATHER—NAME First Middle Last 16. Andrew Espen			MOTHER—MAIDEN NAME First Middle Last 17. Carrie Bakken		
	INFORMANT—NAME (Type or Print) 18a. June Espen			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 686 Castle Way, Winnemucca, Nevada 89445		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Mountain View Crematory		LOCATION City or Town State 19c. Reno Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 71	NAME AND ADDRESS OF FACILITY 20c. Mountain View Mortuary, 425 Stoker Avenue, Reno, Nevada 89503		
CERTIFIER	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) [Signature]			22a. On the basis of examination 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) [Signature]		
	DATE SIGNED (Mo., Day, Yr.) 21b. December 24, 2003		HOUR OF DEATH 21c. 1333		DATE SIGNED (Mo., Day, Yr.) 22b. December 24, 2003	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON December 18, 2003		PRONOUNCED DEAD (Hour) 22e. AT 1333
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520					LICENSE NUMBER 23b. WCC S. 35
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. December 23, 2003		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
CAUSE OF DEATH	PART I (a) Fat emboli by history DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
	(b) Bilateral hip fractures DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
	(c) Myocardial infarction due to atherosclerotic heart disease					Interval between onset and death
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. Myocardial infarction due to atherosclerotic heart disease				AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. Accident	DATE OF INJURY (Mo., Day, Yr.) 28b. Dec. 12, 2003	HOUR OF INJURY 28c. 1600	DESCRIBE HOW INJURY OCCURRED 28d. Fall from standing height	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. Residence		
LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. 686 Castle Way, Winnemucca, Nevada						

STATE REGISTRAR

No. 246051

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

Deputy Registrar:

Barbara Lee Hunt

Date: DEC 26 2003

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