

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. REBALEATI, RECORDER
184930 NO. FEES 16.00

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
JUNE M. ESPEN

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

Sharon H. Smith
Notary Public



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

LOCAL FILE NUMBER

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
	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	
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
	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. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 71	NAME AND ADDRESS OF FACILITY 20c. Mountain View Mortuary 425 Stoker Avenue Reno, Nevada 89503		
	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> DATE SIGNED (Mo., Day, Yr.) 21b. : : NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. December 24, 2003 PRONOUNCED DEAD (Mo., Day, Yr.) 22d. December 18, 2003			
CERTIFIER	21c. HOUR OF DEATH : : 21e.		22c. HOUR OF DEATH : : 22e. 1333		22f. 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
	REGISTRAR 24a. <i>[Signature]</i>		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"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I (a) Fat emboli by history DUE TO, OR AS A CONSEQUENCE OF:					
	(b) Bilateral hip fractures DUE TO, OR AS A CONSEQUENCE OF:					
	(c) 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					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	ACC., SUICIDE, HON., UNDET., OR PENDING INVEST. (Specify) 25a. Accident		DATE OF INJURY (Mo., Day, Yr.) 25b. Dec. 12, 2003	HOUR OF INJURY 25c. 1600	DESCRIBE HOW INJURY OCCURRED 25d. Fall from standing height	
	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f. Residence		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 25g. 686 Castle Way, Winnemucca, Nevada			
	25e. No		25h. No			
	25i. No		25j. No			

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:

Date: **DEC 26 2003**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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