

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:

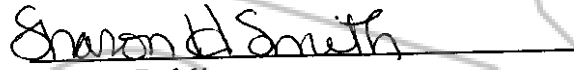
*Lot 8, Block 39, Crescent Valley Ranch and Farms, Unit I, as recorded in the County of Eureka, State of Nevada*

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 <b>1. George Olen ESPEN</b>			DATE OF DEATH (Month, Day, Year) <b>December 18, 2003</b>		COUNTY OF DEATH <b>3a. Washoe</b>
	CITY, TOWN OR LOCATION OF DEATH <b>3b. Reno</b>			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>3c. Washoe Medical Center</b>		SEX <b>4. Male</b>
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>5. White</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. <b>6.</b>	AGE—Last Birthday (Years) <b>7a. 82</b>	UNDER 1 YEAR MOS : DAYS <b>7b. :</b>	UNDER 1 DAY HOURS : MINS <b>7c. :</b>
	STATE OF BIRTH (If not U.S.A., name country) <b>9a. Montana</b>		CITIZEN OF WHAT COUNTRY <b>9b. U.S.A.</b>	Decedent's Education. Specify highest grade completed. <b>10. 12</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>11. Married</b>	DATE OF BIRTH (Mo., Day, Yr.) <b>8. June 23, 1921</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER <b>13. [REDACTED]</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>14a. Warehouseman</b>		KIND OF BUSINESS OR INDUSTRY <b>14b. Mining</b>	
	RESIDENCE—STATE <b>15a. Nevada</b>	COUNTY <b>15b. Humboldt</b>	CITY, TOWN, OR LOCATION <b>15c. Winnemucca</b>	STREET AND NUMBER <b>15d. Castle Way 686</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>15e. Yes</b>	
PARENTS	FATHER—NAME First Middle Last <b>16. Andrew Espen</b>			MOTHER—MAIDEN NAME First Middle Last <b>17. Carrie Bakken</b>		
	INFORMANT—NAME (Type or Print) <b>18a. June Espen</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>18b. 686 Castle Way, Winnemucca, Nevada 89445</b>		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Cremation</b>		CEMETERY OR CREMATORY—NAME <b>19b. Mountain View Crematory</b>		LOCATION City or Town State <b>19c. Reno Nevada</b>	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <b>20a. [Signature]</b>		FUNERAL DIRECTOR LICENSE NUMBER <b>20b. 71</b>	NAME AND ADDRESS OF FACILITY <b>20c. Mountain View Mortuary, 425 Stoker Avenue, Reno, Nevada 89503</b>		
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) <b>[Signature]</b>			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) <b>[Signature]</b>		
	DATE SIGNED (Mo., Day, Yr.) <b>21b. December 24, 2003</b>		HOUR OF DEATH <b>21c. 1333</b>		DATE SIGNED (Mo., Day, Yr.) <b>22b. December 24, 2003</b>	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>21d.</b>			PRONOUNCED DEAD (Mo., Day, Yr.) <b>22d. ON December 18, 2003</b>		PRONOUNCED DEAD (Hour) <b>22e. AT 1333</b>
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520</b>					LICENSE NUMBER <b>23b. WCC S. 35</b>
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST	REGISTRAR <b>24a. [Signature]</b>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>24b. December 23, 2003</b>	DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
CAUSE OF DEATH	PART I (a) <b>Fat emboli by history</b> DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
	(b) <b>Bilateral hip fractures</b> DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
	(c) <b>Myocardial infarction due to atherosclerotic heart disease</b>			Interval between onset and death		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Myocardial infarction due to atherosclerotic heart disease</b>				AUTOPSY (Specify Yes or No) <b>26. No</b>	WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>27. Yes</b>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a. Accident</b>	DATE OF INJURY (Mo., Day, Yr.) <b>28b. Dec. 12, 2003</b>	HOUR OF INJURY <b>28c. 1600</b>	DESCRIBE HOW INJURY OCCURRED <b>28d. Fall from standing height</b>			
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f. Residence</b>	LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE <b>28g. 686 Castle Way, Winnemucca, Nevada</b>					



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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