

Affidavit-Termination of Joint Tenancy (Death of a Joint Tenant)

ASSESSOR'S PARCEL NO. (APN#): 005 030-04005 030-05

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Gerrit A. BookAddress: 1675 Jensen CtCity/State/Zip: Battle Mountain, NV 89820

BOOK 375 PAGE 199-200
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Gerrit A. Book
2004 FEB 23 PM 1:46

EUREKA COUNTY, NEVADA
M.M. REBALEATI, RECORDER
FILE NO. FEES 15.00

185460

I, Gerrit A. Book, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That Deborah Ann Book, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Deborah A. Book
(Deceased Name as shown on Deed)

named as one of the parties in that certain Deed
(Type of Document)

dated on the 23rd day of September, 1999, and executed by
Gerrit A. & Deborah A. Book, known as "Grantor(s)" to Gerrit A. & Deborah A. Book,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 173036, on the
23rd day of September, 1999, in book 329, of Official Records of
EUREKA County, Nevada, covering the following described property situated in the City of
USA County of Eureka, State of Nevada.
(Set forth legal description and commonly known street address, if known)

T31N, R48E MDBM, Sec 9; W2 of Lot 1, E2 Lot 2

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 \$ 11,000.00

In witness Whereof, I/We have hereunto set my hand/our hands this 23 day of February 2004

Gerrit A. Book
(Signature)

Gerrit A. Book
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA

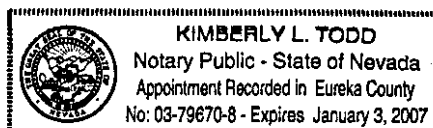
COUNTY OF EUREKA

This instrument was acknowledged before me on (date) February 23, 2004By (person(s) appearing before notary, public) Gerrit A. Book

(Notary Public)

My Commission expires: January 3, 2007

(Notary Stamp)



CERTIFICATION OF VITAL RECORD

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

TYPE OR PRINT IN PERMANENT BLACK INK IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS PARENTS DISPOSITION CERTIFIER CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF DEATH	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">LOCAL FILE NUMBER</td> <td colspan="2">STATE FILE NUMBER</td> </tr> <tr> <td colspan="2">DECEASED—NAME First Middle Last</td> <td colspan="2">DATE OF DEATH (Month, Day, Year)</td> </tr> <tr> <td colspan="2">1. DEBORAH ANN BOOK</td> <td colspan="2">2. JANUARY 7 2004</td> </tr> <tr> <td colspan="2">CITY, TOWN OR LOCATION OF DEATH</td> <td colspan="2">3a. LANDER</td> </tr> <tr> <td colspan="2">3b. Battle Mountain</td> <td colspan="2">3c. Battle Mountain General Hospital</td> </tr> <tr> <td colspan="2">RACE—(e.g., White, Black, American Indian, etc.) (Specify)</td> <td colspan="2">SEX</td> </tr> <tr> <td colspan="2">5. White</td> <td colspan="2">4. 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STATE REGISTRAR

No. 236259

I1889

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JAN 14 2004

185460

BOOK 375 PAGE 200

This copy is not valid unless prepared on engraved bond paper, with seal and signature of Registrar.

