

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

ASSESSOR'S PARCEL NO. (APN#): 005 030-04  
005 030-05

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: <u>Gerrit A. Book</u>
Address: <u>1675 Jensen Ct</u>
City/State/Zip: <u>Battle Mountain, NV 89820</u>

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. 185460  
FEES 15<sup>00</sup>

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 23<sup>rd</sup> 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  
23<sup>rd</sup> day of September, 1999, in book 329, of Official Records of  
EUREKA County, Nevada, covering the following described property situated in the City of  
VIA 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) \_\_\_\_\_

STATE OF NEVADA

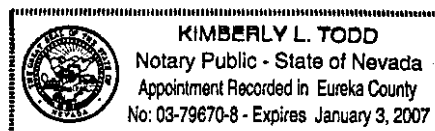
COUNTY OF EUREKA

This instrument was acknowledged before me on (date) February 23, 2004

By (person(s) appearing before notary, public) Gerrit A. Book

Kimberly L. Todd  
(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

	LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. <b>DEBORAH ANN BOOK</b>	DATE OF DEATH (Month, Day, Year) 2. <b>JANUARY 7 2004</b>	STATE FILE NUMBER COUNTY OF DEATH 3a. <b>LANDER</b>
PRECEDENT	CITY, TOWN OR LOCATION OF DEATH 3b. <b>Battle Mountain</b>	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>Battle Mountain General Hospital</b>	If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify) 3e. <b>OP/Emergency</b>
	RACE—(a.g., White, Black, American Indian, etc.) (Specify) 5. <b>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. 6. <b>No</b>	AGE—Last Birthday (Years) 7a. <b>53</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. <b>California</b>	CITIZEN OF WHAT COUNTRY 9b. <b>U.S.A.</b>	Decedent's Education.—Specify highest grade completed. 10. <b>14</b>
	SOCIAL SECURITY NUMBER 13. <b>[REDACTED]</b>	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. <b>Homemaker</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Married</b>
PARENTS	FATHER—NAME First Middle Last 16. <b>James Lawrence Neeley</b>	MOTHER—MAIDEN NAME First Middle Last 17. <b>Lois Cumi Hines</b>	DATE OF BIRTH (Mo., Day, Yr.) 8. <b>May 2 1950</b>
	INFORMANT—NAME (Type or Print) 18a. <b>Vass, David Allen</b>	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>4806 Fernwood Court Fairfield California 94534</b>	SURVIVING SPOUSE (If wife, give maiden name) 12. <b>Gerrit A Book</b>
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Cremation</b>	CEMETERY OR CREMATORY—NAME 19b. <b>FitzHenry's Crematory</b>	LOCATION City or Town State 19c. <b>Carson City Nevada</b>
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>44</b>	NAME AND ADDRESS OF FACILITY 20c. <b>Albertson Funeral Home 47 W First Street Winnemucca Nevada 89445</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) <i>[Signature]</i>		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.) 21b. <b>01-09-2004</b>	HOUR OF DEATH 21c. <b>0745</b>	DATE SIGNED (Mo., Day, Yr.) 22b. <b>01-09-2004</b>
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. <b>Kathleen V Swartz-Ancho PO Box 1625 Battle Mountain Nevada 89820</b>		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. <b>01-07-2004</b>
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. <b>Kathleen V Swartz-Ancho PO Box 1625 Battle Mountain Nevada 89820</b>		LICENSE NUMBER 23b. <b>p113</b>
CAUSE OF DEATH	REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>January 14, 2004</b>	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).) PART I (a) <b>Leukemia</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ 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. PART II _____		AUTOPSY (Specify Yes or No) 26. <b>No</b>	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>Yes</b>
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

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.

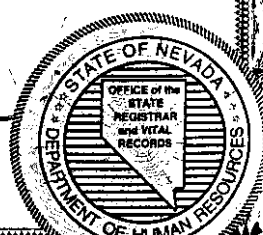
DATE ISSUED:

JAN 14 2004

This copy is not valid unless prepared on engraved book and signed with seal and signature of Registrar.

185460

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*Gyonne Sylva*