

APN 01-077-01

GRANTEE'S ADDRESS:

1031 Glen Martin
Sparks, Nevada 89434

BOOK 376 PAGE 015-017
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Aneata Garcia
2004 MAR -3 PM 2:54

EUREKA COUNTY, NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES 16⁰⁰

185714

AFFIDAVIT IN RE IRENE C. YOUNG, DECEASED
TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA)
COUNTY OF Washoe) SS

ANEATA GARCIA, being first duly sworn, deposes and
says:

That affiant is the daughter of IRENE C. YOUNG,
Deceased. That Decedent died on the 7th day of November, 2003.
That a certified copy of the Death Certificate is attached hereto
as Exhibit "A".

That during the lifetime of said Decedent, certain real
property was acquired in joint tenancy wherein IRENE C. YOUNG,
ANEATA GARCIA, and JULIANNA SLATER were the Grantees. That under
the laws of the State of Nevada, upon the death of IRENE C.
YOUNG, the title and ownership of said real property became
vested in ANEATA GARCIA and JULIANNA SLATER as the surviving
joint tenants. That said real property was acquired by a Deed
dated the 5th day of September, 1996, wherein IRENE C. YOUNG and
ANEATA GARCIA were the Grantors, and IRENE C. YOUNG, ANEATA
GARCIA, and JULIANNA SLATER, were the Grantees.

...

That said Deed was recorded in Book 301, Page 193,
Eureka County Records.

That the real property conveyed therein, in joint
tenancy, is more particularly described as follows, to-wit:

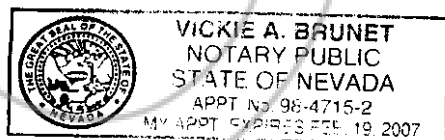
Lots 3, 4, and 5, Block O, Town of Eureka

That by reason of the foregoing, affiant hereby
declares that the title and interest of IRENE C. YOUNG, Deceased,
in the above-described real property has vested in ANEATA GARCIA
and JULIANNA SCALA, formerly known as JULIANNA SLATER, in fee
simple, and that ANEATA GARCIA and JULIANNA SCALA, formerly known
as JULIANNA SLATER, are the sole and absolute owners thereof,
together with the tenements, hereditaments, and appurtenances,
thereunto belonging or appertaining, and the reversion and
reversions, remainder and remainders, rents, issues and profits
thereof.

Aneata Garcia
ANEATA GARCIA

Subscribed and sworn to before me
this 23rd day of February, 2004.

Vickie A. Brunet
NOTARY PUBLIC



STATE OF NEVADA

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

#55-03

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	1. Irene Eugenia YOUNG		2. November 7, 2003		3a. White Pine
	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX
DECEDENT	3b. Ely		3c. White Pine Care Center		3e. Inpatient 5
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		4. Female
	5. White		6. 84		DATE OF BIRTH (Mo., Day, Yr.)
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education, Specify highest grade completed.
	9a. Colorado		9b. USA		10. 12
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		11. Widowed
PARENTS	13. [REDACTED]		14a. Homemaker		14b. At Home
	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION
	15a. Nevada		15b. White Pine		15c. Ely
DISPOSITION	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15d. 1500 Avenue G
	16. Jacob Klein		17. Anna Meyers		15e. Yes
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
CERTIFIER	18a. Ione Jackman		18b. PO Box 151537 Ely, Nevada 89315		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State
	19a. Cremation		19b. Sunset Crematory		19c. Elko, Nevada
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY
	20a. [Signature]		20b. 12		20c. 450 Mill Street/PO Box 151707 Ely, Nevada 89315
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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.		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
	21b. November 10, 2003		21c. 9:35 P.M.		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)
CAUSE OF DEATH	21d. [Signature]		22d. ON		22e. AT
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		23a. Maria Schnitzer, M.D. #6 Steptoe Circle Ely, Nevada 89301		LICENSE NUMBER
	23b. 10337		24a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
CAUSE OF DEATH	24b. November 10, 2003		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DEATH DUE TO COMMUNICABLE DISEASE
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART I		
	(a) Cardiopulmonary arrest		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
CAUSE OF DEATH	(b) Chronic obstructive pulmonary disease		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
	(c) Congestive heart failure		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
	PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)
CAUSE OF DEATH	26. No		27. No		WAS CASE REFERRED TO CORONER (Specify Yes or No)
	ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY
	28a. [REDACTED]		28b. [REDACTED]		28c. M
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.
	28e. [REDACTED]		28f. [REDACTED]		28g. [REDACTED]
	28e. [REDACTED]		28f. [REDACTED]		28g. [REDACTED]

STATE REGISTRAR

No. 237328

185714

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

Date issued:

DEC 03 2003

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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