

APN: 003-514-01
003-514-02

BOOK 378 PAGE 395-397
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Martin D. Milano
2004 APR 21 AM 11:33

EUREKA COUNTY, NEVADA
M.H. REBALEATI, RECORDER
FILE NO. 186717
FEES 16.00

Send Tax Statements to:
Martin D. Milano
HC 66-2-16
Beowawe, NV 89821

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss.
COUNTY OF ELKO)

I, **MARTIN D. MILANO** the son of **MARTIN MILANO aka MARTIN R. MILANO**, do hereby swear (or affirm) under penalty of perjury that the following assertions of this Affidavit are true.

1. That **ETHEL MILANO** is the surviving Joint Tenant of **MARTIN MILANO aka MARTIN R. MILANO** in and to the property hereinafter described.

2. That **MARTIN MILANO aka MARTIN R. MILANO**, deceased, and **ETHEL MILANO** acquired the following described property in the County of Eureka, State of Nevada, as joint tenants with right of survivorship, by that certain document dated September 19, 1992, and recorded on in September, 1992, in Book 239, Page 156, Official Records Eureka County Recorder, Eureka County, State of Nevada, said real property being located in Section 5, Township 31 North, Range 49 East, M.D.B.&M. and is more specifically described as follows:

Lots 6, 7 and 8, Block 11, of the Town of Beowawe, as shown on the official map or plat thereof filed in the Office of the Eureka County Recorder.


TOGETHER with any and all improvements situate thereon.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining; and the reversion and reversions, remainder and remainder, rents, issues and profits thereof.

3. That **MARTIN MILANO aka MARTIN R. MILANO**, being one of the persons described in the foregoing described documents as a grantee and joint tenant, died in the City of Elko, County of Elko, State of Nevada, on the 8th day of November, 1997. That a certified copy of the death certificate of said **MARTIN MILANO aka MARTIN R. MILANO** is attached to this Affidavit and made a part thereof.

4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said **MARTIN MILANO aka MARTIN R. MILANO**, the deceased joint tenant, in and to the foregoing described property, and vesting title thereto solely in **ETHEL MILANO** as the surviving joint tenant of **MARTIN MILANO aka MARTIN R. MILANO**.

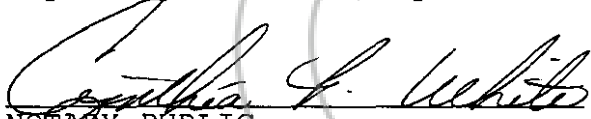
DATED this 14 day of April, 2004.




MARTIN D. MILANO

State of Nevada
County of Elko

This instrument was acknowledged before me on the 14th day of April, 2004, by **MARTIN D. MILANO**.



NOTARY PUBLIC

 **CYNTHIA P. WHITE**
NOTARY PUBLIC • STATE of NEVADA
Elko County • Nevada
CERTIFICATE # 92-2981-6
APPT. EXP. JUNE 8, 2004

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

22,731 LOCAL FILE NUMBER (162)

STATE FILE NUMBER
COUNTY OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

1. DECEASED—NAME First Middle Last Martin R. MILANO			2. DATE OF DEATH (Month, Day, Year) November 8, 1997		3a. STATE FILE NUMBER Elko		
3b. CITY, TOWN, OR LOCATION OF DEATH Elko			3c. HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 511 Tasha Way		3e. SEX Male		
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. No		7a. AGE—Last Birthday (Years) 83		7b. UNDER 1 YEAR MOS : DAYS	
9a. STATE OF BIRTH (if not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 10		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner		14b. KIND OF BUSINESS OR INDUSTRY Grocery Store		12. SURVIVING SPOUSE (if wife, give maiden name) Ethel Delila Huit	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Elko		15c. CITY, TOWN, OR LOCATION Elko		15d. STREET AND NUMBER 511 Tasha Way	
16. FATHER—NAME First Middle Last Dominic Milano			17. MOTHER—MAIDEN NAME First Middle Last Margaret Milano			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
18a. INFORMANT—NAME (Type or Print) Ethel Milano (wife)			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 511 Tasha Way Elko, NV 89801				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada			
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 7		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803			
21a. To be completed by CERTIFYING PHYSICIAN 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. 11-12-97				21c. HOUR OF DEATH 8:10		22a. To be completed by Coroner's Office 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. 11-12-97	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22c. HOUR OF DEATH 8:10		22d. ON 11-8-97	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) William Z. Webb Chief Deputy Coroner Elko County, Nv.				22e. AT 8:30		22f. LICENSE NUMBER	
23a. REGISTRAR <i>[Signature]</i>			23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 11-17-97		23c. 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).)						Interval between onset and death	
PART I (a) Cancer (Bladder) DUE TO, OR AS A CONSEQUENCE OF:						Months	
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.						Interval between onset and death	
26. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	

STATE REGISTRAR

No. 11858178

[Signature]
Sylvia

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

Date issued: **NOV 19 1997**

State Registrar

186717
BOOK 378 PAGE 397