


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**.

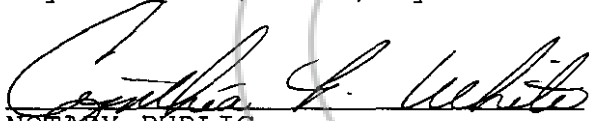
DATED this 14 day of April, 2004.



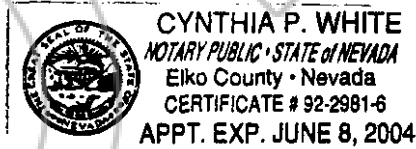
MARTIN D. MILANO

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



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

1. DECEASED—NAME First Middle Last Martin R. MILANO			2. DATE OF DEATH (Month, Day, Year) November 8, 1997		3a. Elko	
3b. Elko			3c. 511 Tasha Way		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) White			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. No		AGE—Last Birthday (Years) 83	
5. White			7a. 83		7b. UNDER 1 YEAR	
6. No			7c. UNDER 1 DAY		8. October 23, 1914	
9a. Utah			9b. USA		10. 10	
11. Married			12. Ethel Delila Huit		13. Owner	
14a. Owner			14b. Grocery Store		15a. Yes	
15a. Nevada			15b. Elko		15c. Elko	
15d. 511 Tasha Way			15e. Yes		16. Dominic	
16. Dominic			17. Margaret		17. Milano	
18a. Ethel Milano (wife)			18b. 511 Tasha Way Elko, NV 89801		19a. Cremation	
19a. Cremation			19b. Sunset Crematory		19c. Elko Nevada	
20a. [Signature]			20b. 7		20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803	

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

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) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. [Signature] 21c. [Signature] 21d. [Signature]			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) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b. 11-12-97 22c. 8:10 22d. ON 11-8-97 22e. AT 8:30				
23a. William Z. Webb Chief Deputy Coroner Elko County, Nv.			23b. [Signature]				
24a. (Signature) [Signature]			24b. 11-17-97		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) [Blank] DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death				
(c) [Blank] 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) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M		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. 11858178

Syonna Sylva

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

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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