

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

ASSESSOR'S PARCEL NO. (APN#): 001-106-03 Lot 4, Block 35

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Judith A. Klindt

Address: 40 North Buel, P.O. Box 70

City/State/Zip: Eureka, Nevada 89316

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Judith A. Klindt
2004 APR 27 AM 11:15

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 186731 FEES 15.00

I, Judith A. Klindt, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That Kolbe Kenneth Klindt, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Kolbe Klindt
(Deceased Name as shown on Deed)

named as one of the parties in that certain Corrected Quit Claim Deed,
(Type of Document)
dated on the 24th day of March, 1978, and executed by
Carl and Marilyn Shaff, known as "Grantor(s)" to Kolbe and Judith Klindt,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 64781, on the
27th day of March, 1978, in book 63/135, of Official Records of
Eureka County, Nevada, covering the following described property situated in the City of
Eureka, County of Eureka, State of Nevada.
(Set forth legal description and commonly known street address, if known)

Lot 4 of Block 35, as the same appears upon
the Official map thereof on file in the Office
of the County Recorder, Eureka County, Nevada.
TOGETHER with all buildings and improvements
situated thereon.
TOGETHER with all and singular the tenements,
hereditaments and appurtenances thereunto
belonging or in anywise appertaining, the reversion and reversions, remain-
ders, rents, issues and profits thereof.
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 \$ 30,000.00.

In witness Whereof, I/We have hereunto set my hand our hands this 27th day of April, 2004

(Signature)

(Signature)

(Print or type name here)

(Print or type name here)

STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on (date) April 27, 2004

By (person(s) appearing before notary public) Judith A. Klindt

(Notary Public)

My Commission expires: July 10, 2006



GLADY GOICOECHEA
Notary Public - State of Nevada
Appointment Recorded in Eureka County
NO. 94-0329-8 - Expires July 10, 2006

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

2000 0007213

TYPE
OR PRINT
IN
PERMANENT
BLACK INK

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEASED—NAME First Middle Last Kolbe Kenneth KLINDT			2. DATE OF DEATH (Month, Day, Year) June 17, 2000		COUNTY OF DEATH Eureka
3b. CITY, TOWN OR LOCATION OF DEATH Eureka		3c. 41 N Main St.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 6	4. SEX Male
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) white	6. Was Decedent of Hispanic Origin? Specify yes or no if yes, specify Mexican, Cuban, Puerto Rican, etc. No	7a. AGE—Last Birthday (Years) 77	UNDER 1 YEAR MOS : DAYS 7c.	UNDER 1 DAY HOURS : MINS 8. October 31, 1922	DATE OF BIRTH (Mo., Day, Yr.)
9a. STATE OF BIRTH (If not U.S.A., name country) South Dakota	9b. CITIZEN OF WHAT COUNTRY USA	10. Decedent's Education. Specify highest grade completed. 14	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) Judith Veenhuyzen	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Farmer		14b. KIND OF BUSINESS OR INDUSTRY 010 Farming	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Eureka	15c. CITY, TOWN, OR LOCATION Eureka		15d. STREET AND NUMBER 41 N Main St.
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Johannes Klindt			
17. MOTHER—MAIDEN NAME First Middle Last Antonia Fanslow		18a. 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Judith Klindt (Wife) P.O. Box 70 Eureka, NV 89316			
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) [Signature]		20b. FUNERAL DIRECTOR LICENSE NUMBER 7		20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803	
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]		21b. DATE SIGNED (Mo., Day, Yr.) 06-21-00		21c. HOUR OF DEATH 03:30 hrs	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Kenneth E. Jones, Coroner P.O. Box 736 Eureka, NV 89316		21e. ON 06-17-00		21f. AT 04:44 hrs	
22a. REGISTRAR [Signature]		22b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 6-22-2000		22c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Myocardial Infarction		23a. DUE TO, OR AS A CONSEQUENCE OF: (b)		23b. Interval between onset and death Immediate	
23c. DUE TO, OR AS A CONSEQUENCE OF: (c)		23d. Interval between onset and death		23e. Interval between onset and death	
24. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST.		24a. DATE OF INJURY (Mo., Day, Yr.) 28b.		24b. HOUR OF INJURY 28c.	
24c. DESCRIBE HOW INJURY OCCURRED 28d.		24d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		24e. LOCATION 28g.	
24f. STREET OR R.F.D. No. 28h.		24g. CITY OR TOWN 28i.		24h. STATE 28j.	

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH



STATE REGISTRAR

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

Date Issued: JUL 06 2000

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

No.160184

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