

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

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

BOOK 379 PAGE 33-34
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

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

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
Judith A. Klindt (Signature) (JK) (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



GLADYS 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

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

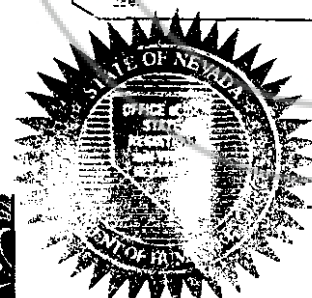
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER														
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH											
1. Kolbe Kenneth KLINDT			2. June 17, 2000			3a. Eureka											
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)			SEX								
3b. Eureka			3c. 41 N Main St.			3e. 6			4. Male								
RACE—(e.g., White, Black, American Indian, etc.) (Specify)			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.			AGE—Last Birthday (Years)			UNDER 1 YEAR MOS : DAYS			UNDER 1 DAY HOURS : MINS			DATE OF BIRTH (Mo., Day, Yr.)		
5. white			6. No			7a. 77			7b. :			7c. :			8. October 31, 1922		
STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY			Decedent's Education. Specify highest grade completed.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			SURVIVING SPOUSE (If wife, give maiden name)					
9a. South Dakota			9b. USA			10. 14			11. Married			12. Judith Veenhuyzen					
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY											
13. [REDACTED]			14a. Farmer			14b. 010 Farming											
RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)					
15a. Nevada			15b. Eureka			15c. Eureka			15d. 41 N Main St.			15e. Yes					
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last														
16. Johannes Klindt			17. Antonia Fanslow														
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)														
18a. Judith Klindt (Wife)			18b. P.O. Box 70 Eureka, NV 89316														
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State											
19a. Cremation			19b. Sunset Crematory			19c. Elko Nevada											
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER			NAME AND ADDRESS OF FACILITY											
20a. [Signature]			20b. 7			20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV						07 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)			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			22a. On the basis of examination and/or investigation, my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		
21b. [Signature]			21c. [Signature]						22b. 06-21-00			22c. 03:30 hrs					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									22d. ON 06-17-00			22e. AT 04:44 hrs					
21d. [Signature]																	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)												LICENSE NUMBER					
23a. Kenneth E. Jones, Coroner P.O. Box 736 Eureka, NV 89316																	
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE											
24a. [Signature]			24b. 6-22-2000			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) Myocardial Infarction												Immediate					
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death					
(b)												Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death					
(c)												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)			WAS CASE REFERRED TO CORONER (Specify Yes or No)											
26.			27.														
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED								
28a.			28b.			28c. M			28d.								
INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION.			STREET OR R.F.D. No.			CITY OR TOWN STATE					
28e.			28f.			28g.											



STATE REGISTRAR

[Signature: Spanne Sylvia]

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

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No.160184