

BOOK 393 PAGE 346-348
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
First American Title
2004 SEP 15 PM 3:35

A.P.N.: 001-104-07 and 001-104-08
File No: 152-2153631 (MJ)

When Recorded, Mail To:
Carol Bleuss
378 Cook Way
Fernley, NV. 89408

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

192102

AFFIDAVIT - TERMINATING JOINT TENANCY

Carol A. Bleuss, aka Carol Bleuss, of legal age, being first duly sworn, deposes and says:

That **Frank Paul Bleuss**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Frank P. Bleuss, aka Frank Bleuss** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **August 5, 1982** executed by **Royal A. Stewart and Ann P. Stewart, his wife, and Richard W. Horton and Sheila M. Horton, his wife**, to **Frank P. Bleuss and Carol A. Bleuss, husband and wife**, as joint tenants, recorded as Document No. **85675** on **November 2, 1982** in Book **106, Page 283**, and in that certain **Grant, Bargain and Sale Deed to Joint Tenants** dated **July 23, 1985**, executed by **Frances M. Henneman, an unmarried woman**, to **Frank Bleuss and Carol Bleuss, husband and wife**, as joint tenants with right of survivorship, recorded as Document No. **99609**, in **Book 137, Page 260**, of Official Records of **Eureka County, Nevada** covering the following described property situated in the County of **Eureka**, State of **Nevada** :

Lots 13, 14 and 15, Block 5, in the Town of Eureka, according to the official map thereof, filed in the Office of the County Recorder of Eureka County, State of Nevada.

Carol Bleuss _____ 8-16-04
Date

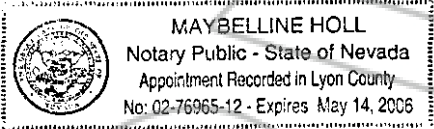
STATE OF **NEVADA**)
)
) :SS.
)
COUNTY OF LYON)

This instrument was acknowledged before me on
August 14, 2004 by

Carol A. Bleuss

Maybelline Holl
Notary Public

(My commission expires: 05/14/06)



COOPY

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER							
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH						
DECEDENT	1. Frank Paul BLEUSS		2. February 11, 1998	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/Emr. Rm. Inpatient (Specify)						
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Eureka		3c. 10221 Spring Street							
	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.)			
PARENTS	5. White		6. 7a. 57		7b. 7c.		8. April 2, 1940			
	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)			
DISPOSITION	9a. California		9b. USA		10. 14		11. Married	12. Carol Burrows		
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY					
CERTIFIER	13. [REDACTED]		14a. General Contractor		14b. Construction					
	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)			
CAUSE OF DEATH	15a. Nevada		15b. Eureka		15c. Eureka		15d. 10221 Spring St. 15e. Yes			
	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last							
CAUSE OF DEATH	16. Frank Charles Bleuss		17. Maxine Elizabeth Merritt							
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)							
CAUSE OF DEATH	18a. Carol Bleuss		18b. PO Box 99 Eureka, Nevada 89316							
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State					
CAUSE OF DEATH	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					
CAUSE OF DEATH	20a. [REDACTED]		20b. 12		20c. 450 Mill Street/PO Box 367, Ely, Nevada 89301					
	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) [REDACTED]		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		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) [REDACTED], Coroner			
CAUSE OF DEATH	21b. [REDACTED]		21c. [REDACTED]		22b. 2-11-98		22c. 07:20 hours			
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d. [REDACTED]		22d. ON 2-11-98		22e. AT 08:45 hours			
CAUSE OF DEATH	23a. Kenneth E. Jones, P.O. Box 736, Eureka, Nevada 89316		23b. [REDACTED]							
	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE					
CAUSE OF DEATH	24a. (Signature) Carolyn Bailey		24b. 2-11-98		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							
CAUSE OF DEATH	PART I (a) Respiratory Failure		DUE TO, OR AS A CONSEQUENCE OF:		minutes					
	(b) Lung Cancer		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
CAUSE OF DEATH	(c) [REDACTED]		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 27. yes					
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
	28a. [REDACTED]		28b. [REDACTED]		28c. [REDACTED]		28d. [REDACTED]			
CAUSE OF DEATH	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. [REDACTED]		28f. [REDACTED]		28g. [REDACTED]					



STATE REGISTRAR

No. 121468

Sylvia

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

Date Issued: FEB 18 1998

192102 Book 393 page 348 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT