

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

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

EUREKA COUNTY, NEVADA  
M.H. REBALEATI, RECORDER  
FILE NO. FEES 16<sup>00</sup>

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

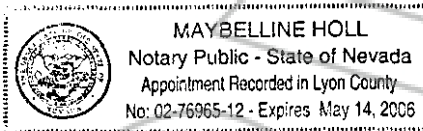
STATE OF **NEVADA** )  
 )  
COUNTY OF LYON )  
 )  
:SS.

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

Carol A. Bleuss

Maybelline Holl  
Notary Public

(My commission expires: 05/14/06 )



# 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	
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)		SEX	
3b. Eureka		3c. 10221 Spring Street		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.		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		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.	
9a. California		9b. USA		10. 14	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13.		14a. General Contractor		14b. Construction	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Eureka		15c. Eureka	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
16. Frank Charles Bleuss		17. Maxine Elizabeth Merritt		15d. 10221 Spring St.	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		INSIDE CITY LIMITS (Specify Yes or No)	
18a. Carol Bleuss		18b. PO Box 99 Eureka, Nevada 89316		15e. Yes	
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.		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.		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 and Title)		Coroner	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b.		22b. 2-11-98		22c. 07:20 hours	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22d. ON 2-11-98		22e. AT 08:45 hours	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER			
23a. Kenneth E. Jones, P.O. Box 736, Eureka, Nevada 89316		23b.			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
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).)					
PART I		(a) Respiratory Failure		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		minutes	
		(b) Lung Cancer		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)	
				26. no	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28b.		28c. M	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	
28e.		28f.		28g.	
				STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 121468

*Yvonne Sylva*

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