

BOOK *404* PAGE *298-299*
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
First American Title
2005 JAN 25 PM 1:52

A.P.N.: 001-136-07
File No: 152-2183200 (MJ)

When Recorded Return To:
Lucille George
P.O. Box 53
Duckwater, NV 89314

EUREKA COUNTY, NEVADA
M.H. REBALEATI, RECORDER
FILE NO. **195418** FEES *15.00*

AFFIDAVIT - TERMINATING JOINT TENANCY

Lucille George, of legal age, being first duly sworn, deposes and says:

That **Douglas E. George, Sr.**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Douglas E. George, Sr.** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **September 29, 1986** executed by **R.D. Damele and Arlene W. Damele** to **Lucille George and Douglas E. George** as joint tenants, recorded as Document No. **104973** on **September 29, 1986** in Book **149 Page 204** of Official Records of **Eureka County, Nevada** covering the following described property situated in the County of **Eureka**, State of **Nevada** :

The Southerly Two (2) feet of Lot Fifteen (15) and all of Lots Sixteen (16), and Seventeen (17) in Block Seven (7) in the Town of Eureka, County of Eureka, State of Nevada, as the same more fully appears from the Official Map now on file in the Office of the County Recorder, Eureka County, Nevada.

Lucille George 1-21-05
Lucille George Date

STATE OF **NEVADA**)
) :SS.
COUNTY OF **WHITE PINE**)

This instrument was acknowledged before me on
January 21, 2005 by

Lucille George
[Signature]
Notary Public



(My commission expires: January 22, 2007)

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

#28-03

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME First Middle Last Douglas Elden GEORGE			2. DATE OF DEATH (Month, Day, Year) June 16, 2003		3a. COUNTY OF DEATH White Pine	
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DECEDENT

3b. CITY, TOWN OR LOCATION OF DEATH Ely		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) William Bee Ririe Hospital		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) DOA.		4. SEX Male	
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IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) American Indian		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 67		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) Nov. 3, 1935	
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9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12th		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Lucille Hooper			
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13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Supervisor			14b. KIND OF BUSINESS OR INDUSTRY Nevada Department of Transportation					
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PARENTS

15a. RESIDENCE—STATE Nevada		15b. COUNTY Nye		15c. CITY, TOWN, OR LOCATION Duckwater		15d. STREET AND NUMBER 514 Duckwater Falls Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
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16. FATHER—NAME First Middle Last Johnnie George				17. MOTHER—MAIDEN NAME First Middle Last Lillie Adams			
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18a. INFORMANT—NAME (Type or Print) Lucille George						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 53 Duckwater, Nevada 89314					
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DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY—NAME Duckwater Cemetery			19c. LOCATION City or Town State Duckwater, Nevada		
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20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>			20b. FUNERAL DIRECTOR LICENSE NUMBER 12			20c. NAME AND ADDRESS OF FACILITY Mountain Vista Chapel 450 Mill Street—P.O. Box 151707 Ely, NV. 89315					
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CERTIFIER

21a. To be completed by CERTIFYING PHYSICIAN 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) <i>[Signature]</i>						22a. To be completed by Coroner's Office 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) <i>[Signature]</i>					
21b. DATE SIGNED (Mo., Day, Yr.) 6/24/03			21c. HOUR OF DEATH 9:44 P.M.			22b. DATE SIGNED (Mo., Day, Yr.)			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo., Day, Yr.)			22e. PRONOUNCED DEAD (Hour)		

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

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Maria F. Schnitzer, M.D. #6 Steptoe Circle Ely, Nevada 89301								23b. LICENSE NUMBER 10337			
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24a. REGISTRAR (Signature) <i>[Signature]</i>				24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 24, 2003				24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)											
PART I (a) Cardiac arrest				DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death			
(b) End stage renal disease				DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death			
(c) Hypertension, diabetes mellitus				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.								26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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28a. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED					
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28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN		STATE	
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STATE REGISTRAR

No. 254125

[Signature]
Yvonne Sylva

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

195418

Date Issued: JUN 25 2003

Book 404 page 299 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT