A.P.N.:

001-136-07

File No:

152-2183200 (MJ)

When Recorded Return To: Lucille George P.O. Box 53 Duckwater, NV 89314 BOOK 404 PAGE 298-299
OFFICIAL RECORDS
REGORDED AT THE REQUEST OF
West Concurren Jite
2005 JAN 25 PM 1:52

EUREKA COUMTY, MEVADA M.H. REBALEATI, RECORDER 195418

## **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

Date

STATE OF

**NEVADA** 

;55.

**COUNTY OF** 

WHITE PINE

This instrument was acknowledged before me on

Lucille George

Notary Public

(My commission expires: Junary 22, 2007)

DAHN S. PUCKETT

NOTARY PUBLIC • STATE of NEVADA

White Pine County • Nevada

CERTIFICATE # 99-50846-17

APPT. EXP. JAN. 22, 2007

## **DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS**

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

ſ		#28-03 CERTIFICATE OF DEATH								
,	LOCAL FILE NUMBER							\ \ ,	STATE FILE NUMBER	
TYPE OR PRINT	DECEAS	ED-NAME First	· · · · · · · · · · · · · · · · · · ·	Middle	Last	0	ATE OF DEATH (Month, Day,		COUNTY OF DEATH	
IN PERMANENT BLACK INK	1. CITY TO	Doug1	as E]	Lden	GEORGE	2.	June 16, 200	13	3ª White Pine	
DECEDENT	3b. E	lv	3	∝ William E	Bee Ririe Hos	oital	Rm. Inpatie   3e. D∩A	Inst. indicate DOA, nt (Specify)	4 Male	
ואדעדטדעו	]	a.g., White, Black, Amer ndian, etc.) <i>(Specify)</i> rican Indi	Was Dec specify W	edent of Hispanic Origin fexican, Cuban, Puerto	n? Specify 🗌 yes 🗎 no If yes, Rîcan, etc.	AGE—Last Birthday (Year 7a. 67	rs) UNDER 1 YEAR U MOS DAYS HO 7b. 7c.	OURS MINS	Nov. 3, 1935	
IF DEATH OCCURRED IN	STATE O	F BIRTH S.A., name country)	CITIZ TRY	EN OF WHAT COUN-	grade completed.	cify highest	MARRIED, NEVER MARRIED	SURVI	VING SPOUSE (If wife, give maiden nam	
institution see handbook regarding	9a. Ne's	Vada SECURITY NUMBER	9b. USU/	U.S.A.	10. 12t. Kind of Work Done During Mo	st of	(Specify) Married KIND OF BUSINESS OF INC	DUSTRY	ucille Hooper	
COMPLETION OF RESIDENCE ITEMS	13.	CE-STATE		Supervisor			146. Nevada Depart	tment of T		
<b>-</b>		evada	15b. Nye		15c. Duckwater		514 Du	ckwater	INSIDE CITY LIMITS (Specify Yes or No) 15e. NO	
PARENTS	FATHER-			Middle	Last MOT	HER-MAIDEN	NAME First	Middle	Last	
	]	Johnn. NT-NAME (Type or Pi	rint)		George 17.		Lillie (Street or F.F.D. No., City		**************************************	
	18a. LL BURIAL, C	JCÍLLE GEO: CREMATION, REMOVA	rge L, OTHER <i>(Specif</i>	y) CEMETERY	OR CREMATORY-NAME	ox 53 I	Duckwater, Ne	vada 893	14 Town State	
DISPOSITION	19a. BL	urial DIRECTOR—SIGNATI		196. DUC	ckwater Cemeto	ery	190,	Duck	water, Nevada	
	(Or Person	n Acting eo Such)	1-0-	20b. 12	20c. 450 N	Mill St	<sup>⊔ı</sup> Mo∪ntai reet-P.O. Box	n Vista 151707	Chapel _Ely, NV. 89315	
CERTIFIER	¥ 21a. ≧Ö	To the best of my one due to the cause(s) st	ated.	aurred at the time, date a	nd place and	22a	On the basis of examination at the time, date and place a	and/or investigation and due to the caus	n, in my opinion death occurred e(s) and manner stated.	
	To be Completed by CERTIFYING PHYSICIAN	(Signature and Title) DATE SIGNED (Mo.,	S 400 8	HOUR OF BEAT	ret Total	TO DA	mature and Title) TE SIGNED (Mo., Day, Yr.)	HOUR	F DEATH	
	De Cor	NAME OF ATTENDIN		21c. 9:4	4 P.M. ER (Type or Print)	S Jewoog 22b	ONOUNCED DEAD (Mo., Day,	22c. Yr.) PRONOL	JNCED DEAD (Hour)	
	SEE .	21d.				)F 22d	LON	22e. AT	· · ·	
					ng physician, medical ex. #6 Steptoe	1.	198	39301	LICENSE NUMBER 236. 10337	
CONDITIONS IF ANY	REGISTRA	AR .	itl	Di	DATE RECEIV	ED BY REGISTI	RAFI (Mo., Day, Yr.) DEATH D	UE TO COMMUN		
WHICH GAVE RISE TO IMMEDIATE CAUSE	24a. (Signi 25. IMMED		NTER ONLY ONE	CAUSE PER LINE FOR		e 24, 2	003   24c. •	YES NO (X	nterval between onset and death	
CAUSE STATING THE UNDERLYING CAUSE LAST	PART	(a) Cardi	ac arres	t OF:		<del>/</del>		:	nterval between onset and death	
			N	74		<u>/</u>			TOTAL DOLLARD GEORGE	
			End stage renal disease DUE TO, OR AS A CONSEQUENCE OF: Hypertension, diabetes mellitus					- 1	nterval between onset and death	
CAUSE OF DEATH	PART II	OTHER SIGNIFICANT			death but not resulting in the	underlying cause	given in Part 1. AUTOPSY 26. NO	(Specify W Yes or No) CC	AS CASE REFERRED TO DRONER (Specify Yes or No) '. NO	
\ \	ACC., SUI OR PENDI (Specify) 28a.	CIDE, HOM., UNDET., ING INVEST.	DATE OF INJURY 28b.	/ (Mo., Day, Yr.) HOUR 28c.	OF INJURY DESCRI M 28d.	BE HOW INJUR	Y OCCURRED			
\	INJURY A (Specify You	T WORK es or No)	PLACE OF INJU	JRYAt home, farm, str building, etc. (Speci	reet, factory, office LOCATION (%) 28g.	ON.	STREET OR R.F.D. No.	CITY OR T	OWN STATE	
1				STATE REC		No.254125				
3	William .	ne V					/		` ()	

Date Issued:

JUN 2 5 2003

Book 404 page 299 State Registrar

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 2 5 2002