

BOOK 415 PAGE 344-345
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
First American Title
2005 JUN 13 AM 8:14

A.P.N.: 001-082-02
File No: 152-2202460 (MJ)

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 40.00

When Recorded Return To:
Therese Marie Selden
P.O. Box 672
Fernley, NV 89408

1.99346

AFFIDAVIT - TERMINATING JOINT TENANCY

Therese Marie Selden, of legal age, being first duly sworn, deposes and says:

That **Richard O'Connor**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Richard O'Connor** named as one of the parties in that certain **Joint Tenancy Deed** dated **May 26, 1988** executed by **Richard O'Connor** to **Richard O'Connor, Therese Marie Selden and Eileen Rosaleen Brown** as joint tenants, recorded as Document No. **118688** on **May 26, 1988** in **Book 178, Page 001** of Official Records of **Eureka County, Nevada** covering the following described property situated in the County of **Eureka, State of Nevada** :

Lot 2 in Block 98 in the Townsite of Eureka, County of Eureka, State of Nevada, as the same appears upon the official map or plat of said townsite, on file in the Office of the County Recorder of Eureka County, Nevada, and approved by the U.S. General Land Office on November 19, 1937.

Therese Marie Selden

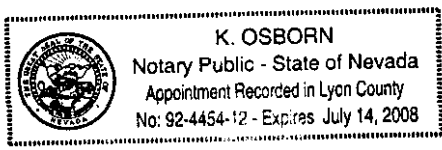
Therese Marie Selden

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

This instrument was acknowledged before me on
6.2.05 by

Therese Marie Selden
[Signature]

Notary Public
(My commission expires: 7.14.08)



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

| | | | | |
|--|---|--|--|--|
| | LOCAL FILE NUMBER | STATE FILE NUMBER | | |
| TYPE OR PRINT IN PERMANENT BLACK INK | 1. DECEASED—NAME First Middle Last Richard O'CONNOR | | 2. DATE OF DEATH (Month, Day, Year) September 2, 2003 | |
| | 3a. COUNTY OF DEATH Eureka | | 4. SEX male | |
| | 3b. CITY, TOWN OR LOCATION OF DEATH Eureka | | 3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 70 Railroad St. | |
| | 5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) white | | 6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. no | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 7a. AGE—Last Birthday (Years) 88 | 7b. UNDER 1 YEAR MOS : DAYS 6 | 7c. UNDER 1 DAY HOURS : MINS 6 | |
| | 8. DATE OF BIRTH (Mo., Day, Yr.) June 29, 1915 | | 9a. STATE OF BIRTH (If not U.S.A., name country) Ireland | |
| | 9b. CITIZEN OF WHAT COUNTRY USA | 10. Decedent's Education. Specify highest grade completed. 11. Widowed | 12. SURVIVING SPOUSE (If wife, give maiden name) | |
| | 13. SOCIAL SECURITY NUMBER [REDACTED] | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Lineman | |
| PARENTS | 15a. RESIDENCE—STATE Nevada | | 15b. COUNTY Eureka | |
| | 15c. CITY, TOWN, OR LOCATION Eureka | | 15d. STREET AND NUMBER 70 Railroad St. | |
| | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 16. FATHER—NAME First Middle Last Michael O'Connor | |
| | 17. MOTHER—MAIDEN NAME First Middle Last Mary Mulvihill | | 18a. INFORMANT—NAME (Type or Print) Therese Selden (Daughter) | |
| DISPOSITION | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 672 Fernley, NV 89408 | | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | |
| | 19b. CEMETERY OR CREMATORY—NAME Eureka Catholic Cemetery | | 19c. LOCATION City or Town State Eureka Nevada | |
| | 20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i> | 20b. FUNERAL DIRECTOR LICENSE NUMBER 7 | 20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home, Inc P.O. Box 689 Elko, NV 89803 | |
| | 21a. To be completed by CERTIFYING PHYSICIAN 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> DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH | | 22a. To be completed by Coroner's Office 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> Deputy Coroner DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH | |
| CERTIFIER | 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 21c. HOUR OF DEATH 08:00 hrs | |
| | 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Deputy Coroner Robert Cutler P.O. Box 736 Eureka, NV 89316 | | 21e. LICENSE NUMBER 07 89803 | |
| | 22b. PRONOUNCED DEAD (Mo., Day, Yr.) 09-05-03 | | 22c. PRONOUNCED DEAD (Hour) 08:04 hrs. | |
| | 22d. ON 09-02-03 | | 22e. AT 08:04 hrs. | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 23a. REGISTRAR (Signature) <i>[Signature]</i> | | 23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Sept 5 2003 | |
| | 23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ | |
| | 25. 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 | | 28. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. | |
| CAUSE OF DEATH | 28b. DATE OF INJURY (Mo., Day, Yr.) | 28c. HOUR OF INJURY M | 28d. DESCRIBE HOW INJURY OCCURRED | |
| | 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 | |
| | 28h. STATE REGISTRAR | | | |
| | 28i. No. 242613 | | | |



STATE REGISTRAR

No. 242613

199346

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

Date Issued: **SEP 19 2003**

State Registrar

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