

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

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

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

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

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

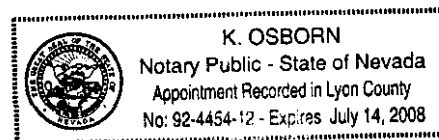
Therese Marie Selden

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

This instrument was acknowledged before me on
6.2.05 by

Therese Marie Selden

Therese Marie Selden
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 HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Richard O'CONNOR		2. September 2, 2003	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Eureka		3a. Eureka	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. 70 Railroad St.		3e. 6	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. white		4. male	
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.)	
6. no		8. June 29, 1915	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Ireland		9b. USA	
SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
13. [REDACTED]		10. [REDACTED]	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
14a. Lineman		11. Widowed	
KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
14b. 450 Mt. Wheeler Power Co.		12. [REDACTED]	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Eureka	
COUNTY		STREET AND NUMBER	
15b. Eureka		15d. 70 Railroad St.	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Michael O'Connor		17. Mary Mulvihill	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Therese Selden (Daughter)		18b. P.O. Box 672 Fernley, NV 89408	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Eureka Catholic Cemetery	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. [Signature]		19c. Eureka Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 7		20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803	
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)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. [REDACTED]		22b. 09-05-03	
HOUR OF DEATH		22c. 08:00 hrs	
21c. [REDACTED]		22d. ON 09-02-03	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. AT 08:04 hrs.	
21d. [REDACTED]		22f. [REDACTED]	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Deputy Coroner Robert Cutler P.O. Box 736 Eureka, NV 89316		23b. [REDACTED]	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) [Signature]		24b. Sept 5 2003	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) Myocardial Infarction		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Immed.	
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		27. No	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [REDACTED]		28b. [REDACTED]	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. [REDACTED]		28d. [REDACTED]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. [REDACTED]		28f. [REDACTED]	
LOCATION		STREET OR R.F.D. No.	
28g. [REDACTED]		CITY OR TOWN	
[REDACTED]		STATE	

STATE REGISTRAR

No. 242613

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

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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