

BOOK 419 PAGE 284-285  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*First American Title*  
2005 AUG 17 PM 1:24

A.P.N.: 001-162-02  
File No: 152-2224434 (MJ)

When Recorded, Mail Tax Statements To:  
Leon J. Etchegaray  
530 Alameda Del Prado  
Novato, CA. 94949

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. 200473  
FEES 40.00

### AFFIDAVIT - TERMINATING JOINT TENANCY

**Leon J. Etchegaray**, of legal age, being first duly sworn, deposes and says:

That **Freida Etchegaray**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Freida J. Etchegaray** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **July 29, 1992** executed by **Robert C. Herrera and Clarisse Herrera, husband and wifem** to **Leon J. Etchegaray and Freida J. Etchegaray, husband and wife** as joint tenants, recorded as Document No. **142112** on **August 17, 1992** in Book **230, Page 193** of Official Records of **Eureka County, Nevada** covering the following described property situated in the County of **Eureka, State of Nevada** :


**SECTION 12, TOWNSHIP 22 NORTH, RANGE 54 EAST, M.D.B. & M. POSSESSORY INTEREST IN LAND APPROXIMATELY IN THE NORTHEAST QUARTER (NE 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) AND THE NORTHWEST QUARTER (NW 1/4) OF THE SOUTHWEST QUARTER (SW 1/4). THE SOUTH 17 FEET OF LOT 4 AND ALL OF LOT 5, BLOCK 26, TOWN OF EUREKA, COUNTY OF EUREKA, STATE OF NEVADA.**

*Leon J. Etchegaray*  
\_\_\_\_\_  
Leon J. Etchegaray Date

STATE OF Nevada )  
COUNTY OF Eureka ) :SS.

This instrument was acknowledged before me on  
August 10, 2005 by

Leon J. Etchegaray  
*Glady Goicoechea*  
\_\_\_\_\_  
Notary Public  
(My commission expires: July 6, 2005)

 GLADY GOICOECHEA  
Notary Public - State of Nevada  
Appointment Recorded in Eureka County  
No: 84-0329-R - Expires July 10, 2003  
BOOK 419 PAGE 284

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**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**

20,187 (139)

94 010225

TYPE OR PRINT IN PERMANENT BLACK INK  
DECEDENT  
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS  
PARENTS  
DISPOSITION  
CERTIFIER  
CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH  
CAUSE OF DEATH

LOCAL FILE NUMBER 20,187 (139)		STATE FILE NUMBER 94 010225	
DECEASED—NAME First Middle Last 1. <b>Freida Josephine ETCHEGARAY</b>		DATE OF DEATH (Month, Day, Year) 2. <b>October 26, 1994</b>	
CITY, TOWN, OR LOCATION OF DEATH 3b. <b>Elko</b>		COUNTY OF DEATH 3a. <b>Elko</b>	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>Elko General Hospital</b>		SEX 4. <b>female</b>	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. <b>white</b>		DATE OF BIRTH (Mo., Day, Yr.) 8. <b>October 24, 1916</b>	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. <b>No</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Married</b>	
CITIZEN OF WHAT COUNTRY 9a. <b>Oregon</b>		SURVIVING SPOUSE (If wife, give maiden name) 12. <b>Leon Etchegaray</b>	
SOCIAL SECURITY NUMBER 13. [REDACTED]		KIND OF BUSINESS OR INDUSTRY 14b. <b>Dentistry</b>	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Dental Assistant</b>		STREET AND NUMBER 15d. <b>10133 Main St.</b>	
RESIDENCE—STATE 15a. <b>Nevada</b>		INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>Yes</b>	
CITY 15b. <b>Eureka</b>		CITY, TOWN, OR LOCATION 15c. <b>Eureka</b>	
FATHER—NAME First Middle Last 16. <b>Joseph Myers</b>		MOTHER—MAIDEN NAME First Middle Last 17. [REDACTED]	
INFORMANT—NAME (Type or Print) 18a. <b>Leon Etchegaray</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>P.O. Box 621 Eureka Nevada 89316</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Cremation</b>		CEMETERY OR CREMATORY—NAME 19b. <b>Sunset Crematory</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		LOCATION City or Town State 19c. <b>Elko Nevada</b>	
FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>7</b>		NAME AND ADDRESS OF FACILITY 20c. <b>Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803</b>	
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) DATE SIGNED (Mo., Day, Yr.) 21b. <b>October 31, 1994</b>		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) DATE SIGNED (Mo., Day, Yr.) 22b. [REDACTED]	
HOUR OF DEATH 21c. <b>1400</b>		HOUR OF DEATH 22c. [REDACTED]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. [REDACTED]		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. <b>ON</b>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. <b>David M. Hogle, M.D. 762-14th Street Elko, Nevada 89801</b>		LICENSE NUMBER 23b. <b>3967</b>	
REGISTRAR 24a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>Nov. 1, 1994</b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I (a) <b>Respiratory failure.</b> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death : <b>1 week</b>	
(b) <b>Chronic obstructive lung disease with cor pulmonale.</b> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death : <b>10 years</b>	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. PART II <b>Parkinson's disease.</b>		AUTOPSY (Specify Yes or No) 28. <b>no</b>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. [REDACTED]		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>no</b>	
DATE OF INJURY (Mo., Day, Yr.) 28b. [REDACTED]		HOUR OF INJURY 28c. [REDACTED]	
HOUR OF INJURY 28c. [REDACTED]		DESCRIBE HOW INJURY OCCURRED 28d. [REDACTED]	
INJURY AT WORK (Specify Yes or No) 28e. [REDACTED]		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. [REDACTED]	
28e. [REDACTED]		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. [REDACTED]	

No. 071127



078594

STATE REGISTRAR  
CERTIFIED COPY OF VITAL RECORDS

200473

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

AUG 15 2005

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This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

