

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

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

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, 2005

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STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

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

20,187 (139)

94 010225

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Freida Josephine ETCHEGARAY		2. October 26, 1994		3a. Elko
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX
3b. Elko		3c. Elko General Hospital		4. female
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)
5. white		7a. 78		8. October 24, 1916
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		UNDER 1 YEAR MOS : DAYS		DATE OF BIRTH (Mo., Day, Yr.)
6. No		7b. 78		7c. 78
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.
9a. Oregon		9b. USA		10. 12
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY
13. [REDACTED]		14a. Dental Assistant		14b. Dentistry
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER
15a. Nevada		15b. Eureka		15c. Eureka
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)
16. Joseph Myers		17. [REDACTED]		15d. 10133 Main St.
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		15e. Yes
18a. Leon Etchegaray		18b. P.O. Box 621 Eureka Nevada 89316		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State
19a. Cremation		19b. Sunset Crematory		19c. Elko Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY
20a. [Signature]		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. October 31, 1994		21c. 1400		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
21d. [REDACTED]		22b. ON		22c. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER		
23a. David M. Hogle, M.D. 762-14th Street Elko, Nevada 89801		23b. 3967		
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
24a. (Signature) [Signature]		24b. Nov. 1, 1994		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death		
PART I (a) Respiratory failure.		1 week		
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(b) Chronic obstructive lung disease with cor pulmonale.		10 years		
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(c) Parkinson's disease.				
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)
PART II		28. no		27. no
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY
28a. [REDACTED]		28b. [REDACTED]		28c. M
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE
28e. [REDACTED]		28f. [REDACTED]		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.

