

DOC # 0210324

07/23/2007

01:37 PM

Official Record

Recording requested By
HALE LANE PEEK DENNISON & HOWARD

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$17.00

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RPTT:

Recorded By: FES

Book- 0460 Page- 0130

A.P.N. 001-055-01

WHEN RECORDED RETURN TO:

Matthew E. Woodhead, Esq.

Hale Lane

5441 Kietzke Lane, Second Floor

Reno, Nevada 89511



0210324

MAIL TAX STATEMENTS TO:

Mr. Clark F. Halstead

6395 Casey Road

Fallon, Nevada 89406

AFFIDAVIT OF DEATH OF JOINT TENANT

Please complete Affirmation Statement below:

[] I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

[x] I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 111.365
(State specific law)


Signature

Joint Tenant
Title

Patricia Halstead
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

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MAIL TAX STATEMENTS TO:

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Fallon, Nevada 89406

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF Churchill)

CLARK F. HALSTEAD and PATRICIA C. HALSTEAD, each of legal age, being
duly sworn, depose and say:

1. That JOAN MARIE HALSTEAD, the Decedent mentioned in the attached certified copy of Certificate of Death, was, until her death, and is the same person as JOAN M. HALSTEAD, named as one of the parties in that certain QUITCLAIM DEED by and between CLARK F. HALSTEAD and JOAN M. HALSTEAD, husband and wife, and PATRICIA C. HALSTEAD, as joint tenants with right of survivorship, of official records of Eureka County, State of Nevada, Document Number 205328, concerning the real property situate in the County of Eureka, State of Nevada, described as follows:

Lots three (3) and Four (4) of Block Ninety-seven (97) and Block ninety-nine (99) and a portion of the Old Railroad Grade, excluding that portion of Block ninety-nine (99) and portion of the old Railroad Grade sold by John Gibellini to Mr. and Mrs. Lowell Drake, recorded in Book 48, page 546 of official records at Eureka, Nevada.

(cka 661 Mathew Street, Eureka, Nevada)



2. That this affidavit is executed and recorded for the purposes of terminating the interest of said JOAN M. HALSTEAD in and to the hereinabove described real property.

DATED this 6th day of July, 2007.

Clark F. Halstead

CLARK F. HALSTEAD
6395 Casey Road
Fallon, Nevada 89406

Patricia C. Halstead

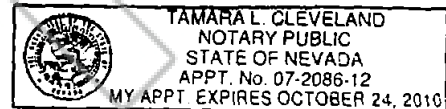
PATRICIA C. HALSTEAD
1321 Humboldt Street
Reno, Nevada 89509

State of Nevada)
) ss.
County of Churchill)

On July 6, 2007, before me, TAMARA L. CLEVELAND, personally appeared CLARK F. HALSTEAD, [] personally known to me -OR- [] proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Tamara L. Cleveland
Signature of Notary

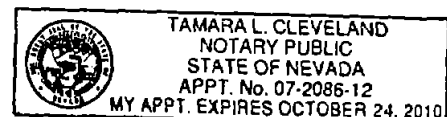


State of Nevada)
) ss.
County of Churchill)
County of ~~Washoe~~)

On July 6, 2007, before me, TAMARA L. CLEVELAND, personally appeared PATRICIA C. HALSTEAD, [] personally known to me -OR- [] proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Tamara L. Cleveland
Signature of Notary



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WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

CERTIFICATE OF DEATH

2007001847

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME FIRST Joan			1b. MIDDLE Marie			1c. LAST HALSTEAD			2. DATE OF DEATH (Mo/Day/Yr) April 23, 2007			3a. COUNTY OF DEATH Washoe		
3b. CITY, TOWN, OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Renown Regional Medical Center						3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient			4. SEX Female		
5. RACE - (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 75			7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY HOURS MINS		
8. DATE OF BIRTH (Mo/Day/Yr) December 28, 1931			9a. STATE OF BIRTH (If not U.S.A. name country) New York			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
12. SURVIVING SPOUSE (if wife, give maiden name) Clark HALSTEAD			13. SOCIAL SECURITY NUMBER						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker/flagger					
14b. KIND OF BUSINESS OR INDUSTRY Own Home/construction			15a. RESIDENCE - STATE Nevada			15b. COUNTY Churchill			15c. CITY, TOWN OR LOCATION Fallon			15d. STREET AND NUMBER 6395 Casey Rd.		
15e. INSIDE CITY LIMITS (Specify Yes or No) No			16 FATHER - NAME (First Middle Last Suffix) Albert LANSING						17 MOTHER - NAME (First Middle Last Suffix) Marie MCCARTHY					
18a. INFORMANT - NAME (Type or Print) Clark F HALSTEAD						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 6395 Casey Rd. Fallon, Nevada 89406								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Smith Family Crematory						19c. LOCATION City or Town State Fallon Nevada 89407		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JEFF T SMITH SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 47			20c. NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407					
TRADE CALL - NAME AND ADDRESS														
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED PETER CHRISTOPHER LIM M.D.														
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) stated. (Signature & Title)														
21b. DATE SIGNED (Mo/Day/Yr) April 24, 2007			21c. HOUR OF DEATH 12:00			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)														
22d. PRONOUNCED DEAD (Mo/Day/Yr)														
22e. PRONOUNCED DEAD AT (Hour)														
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Peter Christopher Lim M.D. 75 Pringle Way, F-11 Reno, NV 89502												23b. LICENSE NUMBER 8759		
24a. REGISTRAR (Signature) LAURA DANIELS SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 25, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))														
PART I (a) Hypotension														
DUE TO, OR AS A CONSEQUENCE OF:														
(b) Disseminated coagulopathy														
DUE TO, OR AS A CONSEQUENCE OF:														
(c) Ovarian cancer														
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I														
26. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)			26b. DATE OF INJURY (Mo/Day/Yr)			26c. HOUR OF INJURY			26d. DESCRIBE HOW INJURY OCCURRED					
26e. INJURY AT WORK (Specify Yes or No)			26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)			26g. LOCATION			STREET OR R.F.D. No			CITY OR TOWN		
									STATE					

STATE REGISTRAR

QSRB1004-Rev-E2e

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

Deputy Registrar:

Mary A. Anderson

Date:

APR 26 2007



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