

**Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)**

Official Record
Recording requested by
LARRY MCMASTER

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$15.00 Page 1 of 2
RPTT: Recorded By: FES
Book- 0462 Page- 0386

ASSESSOR'S PARCEL NO. (APN#): 001-082-03



RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: _____
Address: _____
City/State/Zip: _____

I, Aimee Wallack, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That Andrew Tyler Wallack, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Andrew Tyler Wallack
(Deceased Name as shown on Deed)

named as one of the parties in that certain Deed of Trust
(Type of Document)

dated on the 3rd day of November, 2004, and executed by
AIMEE WALLACK, known as "Grantor(s)" to LARRY MCMASTER
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 1935318, on the
3rd day of November, 2004, in book 399, of Official Records of
EUREKA County, Nevada, covering the following described property situated in the City of
EUREKA, County of EUREKA, State of Nevada.
(Set forth legal description and commonly known street address, if known)

80 RAILROAD STREET, EUREKA, NEVADA

Parcel 1: Block 98 of the town of EUREKA NEVADA
Parcel 2: SE 1/4 of Section 14, T29N, R53E M.D B & M
AND which is contiguous to Lot 1, Block 99, of the
Town of EUREKA, NEVADA

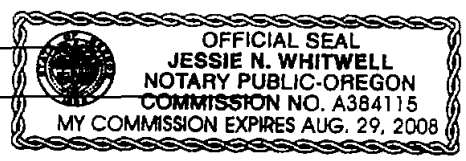
That value of all real property owned by decedent at date of death, including the full value of the property above described, did
not exceed the sum of \$ 122,000.

In witness Whereof, I/We have hereunto set my hand/our hands this 28 day of August, 2007

Aimee Wallack (Signature)
Aimee Wallack (Print or type name here)

STATE OF NEVADA Oregon)
COUNTY OF EUREKA Jackson)
This instrument was acknowledged before me on (date) August 28, 2007
By (person(s) appearing before notary public) Aimee Wallack

Jessie N. Whitwell
(Notary Public)
My Commission expires: Aug 29, 2008



(Notary Stamp)

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
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. ANDREW TYLER WALLACK	DATE OF DEATH (Month, Day, Year) 2. September 27, 2002
	CITY, TOWN OR LOCATION OF DEATH 3b. Eureka	COUNTY OF DEATH 3a. Eureka
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. white	SEX 4. Male
	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. No	AGE—Last Birthday (Years) 7a. 28
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada	CITY OF BIRTH (Mo., Day, Yr.) 8. December 31, 1973
	CITIZEN OF WHAT COUNTRY 9b. USA	DATE OF BIRTH (Mo., Day, Yr.) 8. December 31, 1973
PARENTS	SOCIAL SECURITY NUMBER 13.	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Mine Processing
	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Eureka
DISPOSITION	FATHER—NAME First Middle Last 16. Lynn Wallack	MOTHER—MAIDEN NAME First Middle Last 17. Maribeth Smith
	INFORMANT—NAME (Type or Print) 18a. Aimee Wallack (Wife)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 577 Eureka, Nevada 898316
CERTIFIER	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. Sunset Crematory
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 7
CAUSE OF DEATH	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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. _____ NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. _____	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) <i>[Signature]</i> Dep. Coroner DATE SIGNED (Mo., Day, Yr.) 22b. 10-02-02 PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 09-27-02
	21c. HOUR OF DEATH 21c. _____	22c. HOUR OF DEATH 22c. FD PRONOUNCED DEAD (Hour) 22e. AT 18:14 Hrs
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Robert Cutler Dep. Coroner P.O. Bx 736 Eureka, NV 89316	LICENSE NUMBER 23b. _____
	REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. Oct. 02, 2002
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Self inflicted gun shot to the head DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No
CAUSE OF DEATH	ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 28a. Suicide	DATE OF INJURY (Mo., Day, Yr.) 28b. 09-27-02
	INJURY AT WORK (Specify Yes or No) 28e. No	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. Home
CAUSE OF DEATH	HOUR OF INJURY 28c. FD	DESCRIBE HOW INJURY OCCURRED 28d. Self inflicted gunshot to the head
	LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. 80 Railroad St. Eureka, Nevada	

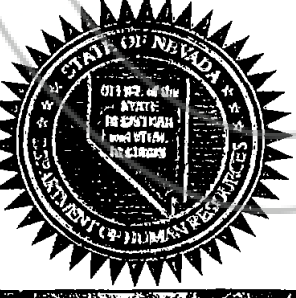
STATE REGISTRAR

No. 219471

[Signature]
State Registrar

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

Date Issued: **OCT 17 2002**



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