DOC # 0210709

1:00 PM

Official Record

Recording requested By FIRST AMERICAN TITLE

Eureka County - NV Mike Rebaleati - Recorder

Fee: \$41.00 RPTT

Page 1 Recorded By. LLH

Book- 0464 Page- 0249

A.P.N.:

00542028

File No:

294-4921335 (dag)

When Recorded return to, and mail Tax Statements to:

Ellen M. Seaman 7 Forest Street Dover, MA 02030

AFFIDAVIT - TERMINATING JOINT TENANCY

Eilen M. Seaman, of legal age, being first duly sworn, deposes and says:

That George Seaman, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as George Seaman named as one of the parties in that certain Joint Tenancy Deed dated March 19th, 1979 executed by Cattlemen's Title Guarantee Company to George Seaman and Ellen M. Seaman, husband and wife as joint tenants, recorded as Document No. 67967 on March 22, 1979 in Book 69, Page 368 of Official Records of Eureka County, Nevada covering the following described property situated in the County of Eureka, State of Nevada:

THE SOUTHEAST QUARTER OF LOT 1, IN SECTION 1, TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B. & M., IN EUREKA COUNTY, NEVADA.

NOTE: THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED MARCH 22, 1979 IN BOOK: 69 PAGE 368, AS INSTRUMENT NO. 67967.

> Min m Seamon 9/20/07 Ellen M. Seaman Date

STATE OF

Massachusetts

) 195.

COUNTY OF

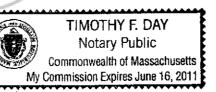
Worfolle

This instrument was acknowledged before me on 9620107 by

Ellen M. Şeaman

Notary Public

(My commission expires:



File No.: 294-4921335

NOTARY INFORMATION

| NOTARY PUB! | IC: PLEASE PRO | OVTDE US WITH T | HE FOLLOV | VING INFORMATIO | N: |
|--------------|-----------------|-----------------|-------------------|--|---------------------------------------|
| Your Name: | (NOTARY) | timothy | \mathcal{D}_{a} | · \ | |
| Address: | 530 | Main | | MUDFICL | roco am c |
| Daytime Phon | e Number: | S0839 | 59 44 | 142 | |
| State: | ~~x | | | | |
| County: | LOOR | FOUL | | | |
| | | | \langle | | |
| In the even | | nec a probl | em wit | ncy of Mohave, the Notary | secuon I, |
| , | | 6 | notary publ | ic) authorizes First tion to make chang | : American Title ges to the notary |
| Notary P | ubiic signature | | | RAP-INITION by Hear 400 | erican Title Insurance 1/2001 |
| > \ | | | | кернодолео у жаз для | Pilan Tive H-Hank 1/2001 |
| | |) | | | |

(INSTRUCTIONS ON REVERSE SIDE)
FOR USE BY

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

| 2 | 5 | 0 |
|---|---|---|
| | | |

| FOR USE BY | REGISTRY OF VITAL RECORDS AND STATISTICS | | | | REGISTERED NUMBER | | | | STATE USE ONLY | | |
|-------------------------------------|---|--|--|---|-------------------|----------------|--|--|-----------------------|--------------------------|----------------|
| PHYSICIANS AND MEDICAL EXAMINERS | DECEDENT - NAME | DECEDENT - NAME FIRST MIDDLE | | | 1 | | | DATE OF DEATH (Mo. Day, Yr.) | | | |
| | . George | 3 | Ř. | | S | eaman | | , Male, | March | 24, 200 | 3 |
| STATE USE | PLACE OF DEATH (| | • | OF DEATH | | HOSPITA | L OA OTHER INST | TUTION - Name | (If not in either, gr | ve sweet and number) | |
| ONLY | | | 14.5 | 111 | | 1 0 | hilton 1 | House H | osmice | | |
| | 4a Cambr | | 45 | ddlesex | | 4c 0 | | AL SECURITY NE | | IF US WAR VETE | HAN |
| 4c Hosp | PLACE OF DEATH (4 | | отнея | 3737 | | Han | I . | RE SECONOTION | , | SPECIFY WAR | |
| 4c riosp | ∐Inpatient ☐ E1VO | utpatient DOA | Nursing Home | ☐ Acsidence XXO | | | | \ | \ | , | |
| | 5 WAS DECEDENT OF HISPANIC ORIGIN? RACE (e.g. white, Black, American Indian, etc.) DECEDENT'S EDUCATION (Highest Grade Continue) Elementary Sec (0-12) College (1-4.5-) | | | | | | | ompleted) | | | |
| 5 Type DECEDENT | fil yes. Specify Puerle X NO ☐ YES | o Rican, Dominican, Cuban, etc | :) | (Specify) White | 2 | | | 1 1 | emeranit and fin | 21 0000001111 | ໌ 5⊹⊦ |
| 0464040 | Ba Specify: | UNDER LYEAR | LINGER LOW | DATE OF BIRTH | | EB | THPLACE (Celv and | State or Foreign | Countryl | | . — |
| | AGE - Last Birthúay (Yrs_) | MOS DAYS | HOURS MINS | 1 | | | | | 1. 1. | | |
| 6 Hisp Race | (5°5) | | | June 1 | | 111 | | • | 1 1 | | |
| | MARRIED, NEVER N | ! | ISE (II wile, give ma | | 1 2 | JSUAL OCCU | | к | IND OF BUSINES | S OR INDUSTRY | |
| | widowed on divo Marri | ed Fue | lyn A N | icFadden |]" | Moo | sician | | Music | | |
| 10 Age | | SI, CDY/TOWN, COUNTY. | TATEICOUNITIE | | | 14a | The second secon | | 46 | ŽIP ČODE | |
| | 69 Bo | stonia Avenu | e. Bosto | n. Suffe | olk, M | ſΑ | - | The same of the sa | \ \ | 156 02135 | |
| | FATHER - FULL NAM | AE TRUTTE | Į. | STATE OF BIRTH (# | not in US. | MOTHER - | NAME (GIVEN | (MAIDEN) | ST | | |
| 15 Resid | Georg | | | Germany | ur. | Kat | e | Rosenb | aum | Germa | ny |
| | 15 | | | 17 | , | | | cons | | RELATIONSHIP | <u> </u> |
| | INFORMANT'S NAME | | | | | | OWN, STATE ZIP | | 02135 | 7% | |
| 15 Out-State INFORMANT | Evely | n A. McFadde | n | 21 | | | venue, | Boston, | MA | 22 spous | ė |
| | 23 METHOD OF IMM | EDIATE DISPOSITION | FUNER | AL SERVICE LICENS | SEE OA OTHE | A DESIGNEE | 1 | · | LICE | VSE • | |
| ļ = | BURIAL ENTOWBMENT | ☐ CREMATION ☐ REMOVAL FROM S | TATE 12 | rhara A | Levi | ne | - N | | | 6222 | N |
| 23 Disp | DONATION 🗌 (| OTH SPEC TION (Name of Cemetery, Cres | 24 | erbara A | | LOCATION | (City/Town, State) | | 25 | | - |
| DISPOSITION | | rion (Name of Cemelery, Cres m Cemetery | natory or other) | | | LOCATION | Wareha | m, Mass | achuset | its 🔪 | |
| | 208 | | NAME AND ADDE | RESS OF FACILITY O | OR OTHER DE | SIGNEE | | | | | |
| 31-32 Autop | (Mo., Day, Yr.) Ma | rch 26,2003 | Levi | ne Chape | l, Inc | ., 47 | 'O Harva | rd St., | Brook | line, MA' | 0244 |
| ļ | 27 20 PART Foliar the | diseases, injuries, or complica | 28a/b | e death. Do not use o | only the mode | ol dying, such | as cardiac or resp | ratory arrest, shoc | k or heart failure | Approximate Inte | rval |
| 71 Hagas | List only | one cause on each line (a thick | agh d) PRINT OR I | ANE FERRET. | | | / / | | | | and Death |
| 34 Manner | disease or condition | iFinal RESPIR | ATORY FA | ALLURE | <u> </u> | | | | | 1 DAY | |
| ł | in death) | | DUE TO . | OR AS A CONSEQUENC | E OF) | | / | | | 2 MONTO | TIC |
| 35c Work for | Sequentially list cond | nions, if b ANEMIA | | IOR AS A CONSEQUENC | 7 (0)1 | | | | | 3 MONT | <u>ns</u> |
| 332 ((34 %) | any, leading to immer | diate | DOC 10 | IOH AS A CLIMSEOUSHIC | LON N | v. | 1 | | | 4 MONT | HS |
| ŀ | CAUSE (disease or initiated events result | LYING KIDNEY | CANCER | OR AS A CONSECUENC | E OF) | - | / | | | 1 1101/12 | |
| 35I Place | death) LAST | *** | The state of the s | | N | < | | | | | |
| | | d | | | | - 1 | | | WAS AUTOPSY | WERE AUTOPSY | FINDINGS |
| 1 | PART II - Other signs | ficant conditions contributing to | ceath but not result | ng in underlying caus | se given in Par | n i | The same of the sa | | PERFORMED? | AVAILABLE PRIC | OT RC |
| 36-37 Cert CERTIFIER | | | The state of the s | 7/4 | | N | The same of the sa | | (Yes or No) | OF DEATH? (Yes | |
| CENTIFICA | | | 7 | . "%. | | 1 | ************************************** | | 31 NO | 32 NO | |
| | MED EXAM | 134 MANNER OF D | EATH | ~ | | | FINJURY | | IME OF INJURY | INJURY | AT WORK |
| 40a Pron | NOTIFIED? | 34 MANNER OF D | HOWICIDE CON | LD NOT BE DETERA | MINED | (Mol. Da | y, 10-1 | > | | (Yes or | 701 |
| | (Yes or No) NO | ACCIDENT [] | | | | 35a | . & St., City/Town. | |)5b | M 35c | |
| Pronouncement of Death | DESCRIBE HOW IN. | JURY OCCURRED | PL fair | ACE OF INJURY (Atm., street, lactory, off | | JUANUM (NO | La SI., CIWIOWI. | pialey | | | |
| Form (R-302) on File: | 1 1 | | eli | :) Specify | | | | | | | |
| | 35d | | 35 | e | 35 | <u>;</u> | 07- 6-15-5-1- | -1 | las munchoodoo et D | ny opinion death occurre | d at the time |
| | 35d ≧ 36a Io the ≩ cause(| best of my knowledge, death of stated. | ecurred al lhe time, ا | date, and place and o | due to the | 3-5 | date and pla | ce and due to the c | ause(s) stated | ny opanor dealtr occurs | |
| | V a (Signature) and Title! | | | | | | | | | | |
| | and Title) DATE SIGN | ED (Mo., Day, Yr) | H | OUR OF DEATH | | | DATE SIGNED | Mo, Day Yr.) | | HOUR OF DEATH | |
| | SIND 366 M | IARCH 24, 200 | 03.]36 | ≈4:30P | | To be Com | 376 | | | 37c PRONOUNCED DEA | M |
| | NAME OF A | TTENDING PHYSICIAN IF NO | IT CERTIFIER | | 7 | 20 | PRONOUNCED | DEAD (Mo Day, | Yr.) | PRONOUNCED DEA | .D (H1 |
| | 유명 3 36d | | | | _/_ | | | | | 37e LICENSE NO. OF CI | METIERE MARKET |
| | NAME AND ADDRES | SS OF CERTIFYING PHYSICI | AN OF MEDICAL EX | AMINER (Type or Pr | DAN. | A-FAR | BER CANO | CER INS | TITUTE | 1 | |
| | DANIEL | J. GEORGE, | MD 4 | 4 BINNEY | STRE | | OSTON, 1 | MA 021 | 15 | _{зя} 157853 | |
| | WAS THERE A | IF YES, DATE | 1F | YES, TIME | | F PRONOUN | | •• | : | TITLE , | |
| PERMANENT | PRONOUNCEMENT | FORM? PRONOUNCED | | ACMOUNCED 4 - 2 O D | CARO | TVN C | HARRON | | | ∭ R.N ∐ P | A |
| BLACK INK ONLY | (Yes or No) YES | MARCH 24 | , 2003 Jan | 4:30P M | | | | | | DATE OF RECORD | |
| B 001 01 | 1 PATE // WAS | 11 26 200 | 11/11 | // J RECES | VED IN THE C | AMBRII | DGE | | | | |
| R-301-01 | SIGNATURE BD OF HEALTH AGENT | | JANG | CLERK SIGNA | TURE V | 0 m | Tank and | 4 1 Ch | ر آبام برود | MARCH 26 | 200م |

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