

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

ASSESSOR'S PARCEL NO. (APN#): 01-107-04

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Barwick Poelstra, LLC  
Address: P. O. Box 860  
City/State/Zip: Clinton, NC 28329

DOC # 0210774

10/08/2007

02:44 PM

**Official Record**

Recording requested By  
ARLENE DEPAOLI

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: FES

Book- 465 Page- 0031



0210774

I, Arlene M. DePaoli, the Affiant, being of legal age, and being first duly sworn,  
deposes and says:

That Willis A. DePaoli, the decedent mentioned in the  
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Willis DePaoli  
(Deceased Name as shown on Deed)

named as one of the parties in that certain Joint Tenancy Deed,

(Type of Document)  
dated on the 2nd day of September, 1959, and executed by  
Dillon E. & Hannah L. Oxborrow known as "Grantor(s)" to Willis A. & Arlene M. DePaoli,  
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 34481, on the  
2nd day of September, 1959, in book 25 Page 342, 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)

Lot 5 of Block 23  
Eureka, Nevada Townsite

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 \$ 64,314.00 (appraised value).

In witness Whereof, I/We have hereunto set my hand/our hands this 8th day of October, 20 07

Arlene M. DePaoli  
(Signature) (Signature)  
Arlene M. DePaoli  
(Print or type name here) (Print or type name here)

STATE OF NEVADA )

COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) October 8, 2007

By (person(s) appearing before notary public)

Arlene M. DePaoli

Gladys Goicoechea  
(Notary Public)  
My Commission expires: July 10, 2010



GLADY GOICOECHEA  
Notary Public - State of Nevada  
Appointment Recorded in Eureka County  
No: 94-0329-6 - Expires July 10, 2010

# 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

29,164 (152)

2004 0012993

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK INK

EDENT

IF DEATH  
OCCURRED IN  
HOSPITAL  
OR HANDBOOK  
REGARDING  
COMPLETION OF  
VITAL RECORDS

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DECEASED—NAME First Middle Last 1. Willis Angelo DePAOLI			DATE OF DEATH (Month, Day, Year) 2. September 16, 2004		COUNTY OF DEATH 3a. Elko
CITY, TOWN OR LOCATION OF DEATH 3b. Elko		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Northeastern Nevada Reg. Hospital		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) 3e. Inpatient	
SEX 4. Male		RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. white		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. No	
AGE—Last Birthday (Years) 7a. 81		UNDER 1 YEAR MOS : DAYS 7b. :		UNDER 1 DAY HOURS : MINS 7c. :	
DATE OF BIRTH (Mo., Day, Yr.) 8. January 29, 1923		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Arlene Merialdo	
STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. USA		Dedent's Education. Specify highest grade completed. 10. 12	
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. County Recorder & Auditor		KIND OF BUSINESS OR INDUSTRY 14b. County Government	
RESIDENCE—STATE 15a. Nevada		CITY, TOWN, OR LOCATION 15c. Eureka		STREET AND NUMBER 15d. 301 S Main st.	
FATHER—NAME First Middle Last 16. Charles DePaoli		MOTHER—MAIDEN NAME First Middle Last 17. Rosalie Davis			
INFORMANT—NAME (Type or Print) 18a. Arlene DePaoli (Wife)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 351 Eureka, NV 89316			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Eureka Catholic Cemetery		LOCATION City or Town State 19c. Eureka Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 7		NAME AND ADDRESS OF FACILITY 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. (Signature and Title) [Signature] Rick Almaguer D.S.		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]			
DATE SIGNED (Mo., Day, Yr.) 21b. 9-22-04		HOUR OF DEATH 21c. 1410		DATE SIGNED (Mo., Day, Yr.) 22b.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) RICARDO ALMAGUER 1784 BROWNING WAY STE A ELKO NV 89801					
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 9-22-04		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Cardiac Arrest				Interval between onset and death	
(b) MI				Interval between onset and death	
(c)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.	

STATE REGISTRAR

No. 269943

33695

CERTIFIED COPY OF VITAL RECORDS

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: JAN - 4

This copy is not valid unless prepared by



0210774

Book 465 10/08/2007  
Page 32 Page 2 of 2

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

