

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

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

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

 **GLADY GOICOECHEA**  
Notary Public - State of Nevada  
Appointment Recorded in Eureka County  
No: 94-0329-8 - 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**

2004 0012993

29,164 (152)

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK  
 PRECEDENT  
 IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS  
 COMMENTS  
 POSITIONS  
 CERTIFIER  
 CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH  
 USE OF DEATH

1. DECEASED—NAME First Middle Last <b>Willis Angelo DePAOLI</b>			DATE OF DEATH (Month, Day, Year) <b>2 September 16, 2004</b>		COUNTY OF DEATH <b>Elko</b>
3b. CITY, TOWN OR LOCATION OF DEATH <b>Elko</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) <b>Northeastern Nevada Reg. Hospital</b>		3e. II Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify) <b>Inpatient</b>	4. SEX <b>Male</b>
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>white</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>No</b>	AGE—Last Birthday (Years) <b>7a. 81</b>	UNDER 1 YEAR MOS : DAYS <b>7b. :</b>	UNDER 1 DAY HOURS : MINS <b>7c. :</b>
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>USA</b>	10. Decedent's Education. Specify highest grade completed. <b>12</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>County Recorder &amp; Auditor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>County Government</b>	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>	15c. CITY, TOWN, OR LOCATION <b>Eureka</b>	15d. STREET AND NUMBER <b>301 S Main st.</b>	
16. FATHER—NAME First Middle Last <b>Charles DePaoli</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Rosalie Davis</b>		
18a. INFORMANT—NAME (Type or Print) <b>Arlene DePaoli (Wife)</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 351 Eureka, NV 89316</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY—NAME <b>Eureka Catholic Cemetery</b>		19c. LOCATION City or Town State <b>Eureka Nevada</b>	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>7</b>	20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803</b>		
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>Rick Almaguer D.S.</i>			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>		
21b. DATE SIGNED (Mo., Day, Yr.) <b>9-22-04</b>		21c. HOUR OF DEATH <b>1410</b>		22b. DATE SIGNED (Mo., Day, Yr.)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. AT
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) <b>DR RICARDO ALMAGUER 1784 BROWNING WAY STE A ELKO NV 89801</b>			22d. ON		22e. AT
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>9-22-04</b>		LICENSE NUMBER <b>925</b>
24a. (Signature) <i>Busha [Signature]</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>9-22-04</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <b>Cardiac Arrest</b>		Interval between onset and death			
PART I (b) DUE TO, OR AS A CONSEQUENCE OF: <b>MI</b>		Interval between onset and death			
PART I (c) DUE TO, OR AS A CONSEQUENCE OF:		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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. DESCRIBE HOW INJURY OCCURRED	
28d. STREET OR R.F.D. No.		CITY OR TOWN		STATE	

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



0210774

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

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

