



0210785

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

ASSESSOR'S PARCEL NO. (APN#): 001-162-01

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Arlene M. DePaoli

Address: P.O. Box 351

City/State/Zip: Eureka, NV 89316

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 A. 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 23rd day of April, 1954 and executed by
Peter & Delores Merialdo known as "Grantor(s)" to Willis & Arlene DePaoli,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 31180, on the
23rd day of April, 1954 in book 024, 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)

Lots 1, 2, 3 and a portion of Lot 4, Block 26, Eureka Townsite
301 S Main Street, 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 \$ 66,049

In witness Whereof, I/We have hereunto set my hand/our hands this 11 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 11, 2007

By (person(s) appearing before notary public) Arlene M. DePaoli
Gladys Goicoechea
(Notary Public) My Commission expires 7-10-2010

(Notary Stamp)

GLADY GOICOECHEA
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No. 84-0329-8 - 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)

STATE FILE NUMBER

TYPE
PRINT
IN
PERMANENT
BLACK INK

IDENT

DEATH
OCCURRED IN
HOSPITAL
REGARDING
COMPLETION OF
CERTIFICATE ITEMS

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LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1.	Willis Angelo DePAOLI	2 September 16, 2004		3a. Elko	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emar. Rm. Inpatient (Specify)	SEX
3b.	Elko	3a. Northeastern Nevada Reg. Hospital		3e. Inpatient	4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. white	6. No	7a. 81	7b. :	7c. :	8. January 29, 1923
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education—Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. California	9b. USA	10. 12	11. Married	12. Arlene Merialdo	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
13. [REDACTED]	14a. County Recorder & Auditor		14b. County Government		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Eureka	15c. Eureka	15d. 301 S. Main st.	15e. Yes	
FATHER—NAME		MOTHER—MAIDEN NAME			
16. Charles DePaoli		17. Rosalie Davis			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Arlene DePaoli (Wife)		18b. P.O. Box 351 Eureka, NV 89316			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION	City or Town	State
19a. Burial		19b. Eureka Catholic Cemetery	19c. Eureka	Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR—NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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]		(Signature and Title) [Signature]			
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 9-22-04		21c. 1410		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)					LICENSE NUMBER
DR. RICARDO ALMAGUER 1784 BROWNING WAY STE A ELKO NV 89801					23b. 925
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
24a. [Signature]	24b. 9-22-04		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)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
			26. No	27. No	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c.	28d.		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e.	28f.	28g.			

STATE REGISTRAR

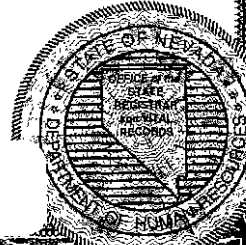
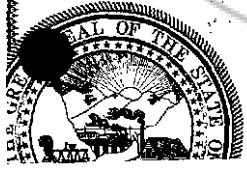
No. 269943

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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

[Signature]



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