

**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

DOC # 0210785

10/11/2007

02:31 PM

Official Record

Recording requested By
ARLENE DEPAOLI

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By: FES

Book- 0465 Page- 0058



0210785

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)

Arlene M. DePaoli

(Print or type name here)

(Signature)

(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)

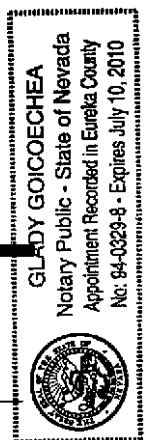
Arlene M. DePaoli

(Notary Public)

My Commission expires

7-10-2010

(Notary Stamp)



STATE OF NEVADA 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		Middle		Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
DECEASED—NAME First		Middle		Last		2 September 16, 2004		COUNTY OF DEATH	
1. Willis		Angelo		DePAOLI				3a. Elko	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)						SEX	
3b. Elko		3a. Northeastern Nevada Reg. Hospital						4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Year)		UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS	
5. white		6. No		7a. 81		7b. 7c.		DATE OF BIRTH (Mo., Day, Yr.)	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education, grade completed		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
9a. California		9b. USA		10. 12		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 First		Middle		Last		MOTHER—MAIDEN NAME First		Middle Last	
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 CREMATION—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 LICENSE NUMBER		20. 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)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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)		22b. DATE SIGNED (Mo., Day, Yr.)	
21a. Rick Whelan, M.D.		21b. 9-22-04		21c. 1410		22a. [Signature]		22b. [Signature]	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. NAME OF CERTIFIER (Type or Print)		21f. MEDICAL EXAMINER, OR CORONER (Type or Print)		22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. AT	
21d. DR. RICARDO ALMAGUER 1784 BROWNING WAY STE A ELKO NV 89801		21e. [Signature]		21f. [Signature]		22c. [Signature]		22d. [Signature]	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		23b. 925			
24a. (Signature)		24b. 9-22-04		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Interval between onset and death			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		(a) Cardiac Arrest		(b) MI		(c) [Blank]		Interval between onset and death	
PART 1		DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART 2		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. No	
26. No		27. No		28a. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. [Blank]		28b. [Blank]		28c. [Blank]		28d. [Blank]		28e. [Blank]	
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. [Blank]		28f. [Blank]		28g. [Blank]		28h. [Blank]		28i. [Blank]	

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

No. 269943

33695

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

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