

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

ASSESSOR'S PARCEL NO. (APN#): 09-260-02, 09-240-10
09-330-11

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: <u>Arlene M. DePaoli</u>
Address: <u>P.O. Box 351</u>
City/State/Zip: <u>Eureka, NV 89316</u>



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 29th day of August, 1977, and executed by
Willis A. DePaoli, known as "Grantor(s)" to Willis A. & Arlene M. DePaoli
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 63476, on the
29th day of August, 1977, in book 060, 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)

See Exhibit "A" attached

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 \$ 26,429

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

<u>Arlene M. DePaoli</u> (Signature)	_____
<u>Arlene M. DePaoli</u> (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

Glady Goicoechea
(Notary Public)
My Commission expires: 7-10-2010

(Notary Stamp)

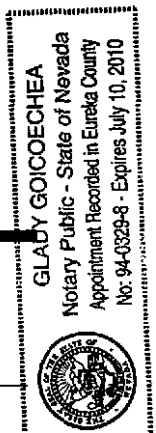


EXHIBIT "A"

Lode patented mining claims situate in the Eureka Mining District, County of Eureka, State of Nevada, and more particularly described as follows to-wit:

<u>Name of Claim</u>	<u>U.S. Patent No.</u>	<u>Survey No.</u>
Alexandria	28850	1745
Atlas	1339	81
Bald Eagle	2154	99
Belle	11633	253
Black Eagle	2589	126
Blossom	4619	155
California	4214	180
Chattanooga, Pioneer and Kitty Price	11917	252
Connelly	5746	256
Dunderberge	9109	67
Elise	626	61
Eagle's Nest	2588	124
Grey Eagle	2587	125
Home Ticket	4833	207
London	16442	247
Malcolm	21237	315
Silver King	4020	172
Tacoma	879	55
Sunset (½ interest)	4717	205

TOGETHER with all improvements situate thereon.

TOGETHER with all the rock, earth, ore, minerals, gold, silver, lead and all other ores or minerals therein or thereon contained, and the dips, spurs, angles, shafts, drifts, tunnels, or other improvements, including all easements and rights of way thereon or appurtenant thereto.



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**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) LOCAL FILE NUMBER

2004 0012993 STATE FILE NUMBER

TYPE
PRINT
IN
IMMEDIATE
BLACK INK

EDENT

DEATH
OCCURRED IN
INSTITUTION
HAMBROOK
LEADING
COMPLETION OF
VITAL RECORD ITEMS

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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, OP/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 (Type of race, etc.) 6. No	AGE—Last Birthday (Years) 7a. 81	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :
STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
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	COUNTY 15b. Eureka	CITY, TOWN OR LOCATION 15c. Eureka	STREET AND NUMBER 15d. 301 S. Main st.		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
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—NAME AND ADDRESS OF FACILITY 20b. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV		07 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]			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. [Blank]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. [Blank]			PRONOUNCED DEAD (Mo., Day, Yr.) 22c. [Blank]		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) DR RICARDO ALMAGUER 1784 BROWNING WAY STE A ELKO NV 89801					LICENSE NUMBER 23b. 925
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 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		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b) MI			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(c) [Blank]			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	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REGISTRAR

No. 269943

33694

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:

This copy is not valid unless prepared by the State Registrar.



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

