

10/11/2007

02:34 PM

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

Official Record

Recording requested By
ARLENE DEPAOLIEureka County - NV
Mike Rebaleati - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: FES

Book- 0465 Page- 0060

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

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Arlene M. DePaoliAddress: P.O. Box 351City/State/Zip: Eureka, NV 89316

0210786

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 \$ 26,429In witness Whereof, I/We have hereunto set my hand/our hands this 11 day of October, 2007

(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, 2007By (person(s) appearing before notary public) Arlene M. DePaoli

(Notary Public)

My Commission expires: 7-10-2010

(Notary Stamp)

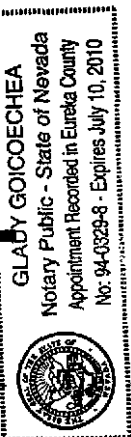


EXHIBIT "A"

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)

2004 0012993

TYPE
PRINT
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LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			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/Emr. Rm. Inpatient (Specify)	SEX
3b. Elko		3c. Northeastern Nevada Reg. Hospital		3e. Inpatient	4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify (Type of Hispanic)	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. :	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 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 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		07 89803	
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.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 9-22-04		21c. 1410		22b. 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					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) MI					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
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. M	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

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

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

