

DOC # 0212666

10/23/2008

11:12 AM

Official Record

Recording requested by ARLENE DEPAOLI

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By: LLH

Book- 0481 Page- 0014



0212666

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

ASSESSOR'S PARCEL NO. (APN#): 01-126-01 & 01-122-02

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 Grant, Bargain & Sale Deed

dated on the 16th day of October 1985 and executed by Willis & Arlene DePaoli, known as "Grantor(s)" to Willis A. & Arlene M. DePaoli known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 100533 on the 16th day of October 1985, in book 139 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 \$ 30,000

In witness Whereof, I/We have hereunto set my hand/our hands this 23rd day of October, 2008

(Signature) Arlene M. DePaoli (Print or type name here) ARLENE M. DEPAOLI

(Signature) (Print or type name here)

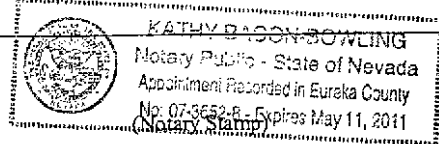
STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on (date) October 23, 2008

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

(Notary Public) Kathy Bacon Bowling My Commission expires: May 11, 2011



**Exhibit "A"**

An undivided one-half interest in Lots 1, 2, 3, 4, 5, 6, 7 and 8 in Block 53 of the Town of Eureka, County of Eureka, State of Nevada.

An undivided one-half interest of Lots 7, 8, 9, 10, 11, 12 and 13 in Block 54 of the Town of Eureka, County of Eureka, State of Nevada.

TOGETHER WITH all improvements situate thereon.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HUMAN RESOURCES**

DIVISION OF HEALTH  
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

29,164 (152)

LOCAL FILE NUMBER

STATE FILE NUMBER

1. <b>Willis Angelo DePAOLI</b>			DATE OF DEATH (Month, Day, Year) 2. <b>September 16, 2004</b>		COUNTY OF DEATH 3a. <b>Elko</b>
CITY, TOWN OR LOCATION OF DEATH 3b. <b>Elko</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>Northeastern Nevada Reg. Hospital</b>		If Hosp. or Inst. indicate DOA, OP/Emr. Firm. Inpatient (Specify) 3e. <b>Inpatient</b>	SEX 4. <b>Male</b>
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. <b>white</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. <b>No</b>		AGE—Last Birthday (Years) 7a. <b>81</b>	UNDER 1 YEAR MOS : DAYS 7b. : : UNDER 1 DAY HOURS : MINS 7c. : : DATE OF BIRTH (Mo., Day, Yr.) 8. <b>January 29, 1923</b>
STATE OF BIRTH (If not U.S.A., name country) 9a. <b>California</b>		CITIZEN OF WHAT COUNTRY 9b. <b>USA</b>		Decedent's Education. Specify highest grade completed. 10. <b>12</b>	
SOCIAL SECURITY NUMBER 13.		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) 14a. <b>County Recorder &amp; Auditor</b>		KIND OF BUSINESS OR INDUSTRY 14b. <b>County Government</b>	
RESIDENCE—STATE 15a. <b>Nevada</b>		COUNTY 15b. <b>Eureka</b>	CITY, TOWN, OR LOCATION 15c. <b>Eureka</b>		STREET AND NUMBER 15d. <b>301 S Main st.</b>
FATHER—NAME First Middle Last 16. <b>Charles DePaoli</b>			MOTHER—MAIDEN NAME First Middle Last 17. <b>Rosalie Davis</b>		
INFORMANT—NAME (Type or Print) 18a. <b>Arlene DePaoli (Wife)</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>P.O. Box 351 Eureka, NV 89316</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Burial</b>		CEMETERY OR CREMATORY—NAME 19b. <b>Eureka Catholic Cemetery</b>		LOCATION City or Town State 19c. <b>Eureka Nevada</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>7</b>	NAME AND ADDRESS OF FACILITY 20c. <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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. <b>9-22-04</b>			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> DATE SIGNED (Mo., Day, Yr.) 22b. : : HOUR OF DEATH 21c. <b>1410</b> 22c. : : NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. : : 22d. ON 22e. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) <b>DERRICARDO ALMAGUER 1784 BROWNING WAY STE A ELKO NV 89801</b>					LICENSE NUMBER 23b. <b>925</b>
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>9-22-04</b>		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) <b>Cardiac Arrest</b>		Interval between onset and death			
(b) <b>MI</b>		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) 26. <b>No</b>	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>No</b>
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY (Specify) 28c.	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

46655

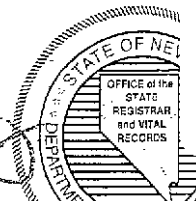
CERTIFIED COPY OF VITAL RECORDS

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:

SEP 30 2004

STATE REGISTRAR



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