

**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

DOC # 0212666

10/23/2008

11:12 AM

Official Record

Recording requested By
ARLENE DEPAOLI

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

Page 1 of 3

RPTT:

Recorded By: LLH

Book- 0481 Page- 0014



0212666

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

Arlene M. DePaoli
(Signature)

ARLENE M. DEPAOLI
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA

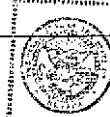
COUNTY OF EUREKA

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

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

Kathy Bacon Bowling
(Notary Public)

My Commission expires: May 11, 2011



KATHY BACON BOWLING
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No. 07-3652-R - Expires May 11, 2011
Notary Stamp

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. 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		SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. white		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. No		AGE—Last Birthday (Years) 7a. 81	DATE OF BIRTH (Mo., Day, Yr.) 8. January 29, 1923
STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. USA		DATE OF BIRTH (Mo., Day, Yr.) 12. Arlene Meriardo	
SOCIAL SECURITY NUMBER 13.		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.
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 LICENSE NUMBER 20b. 7		NAME AND ADDRESS OF FACILITY 20c. 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) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. 9-22-04			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.) 22b. 9-22-04		
HOUR OF DEATH 21c. 1410			HOUR OF DEATH 22c. 1410		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. DR. RICARDO ALMAGUER			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		
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 22e. 925		
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 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).)					
(a) Cardiac Arrest					
(b) MI					
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
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

46655

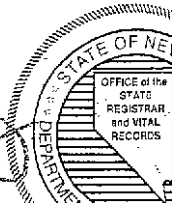
CERTIFIED COPY OF VITAL RECORDS

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



Book: 481 10/23/2008 Page: 3 of 3

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