

WHEN RECORDED MAIL TO:  
CHARLENE M. MANNS  
DALLAS KELLEY & SANDY J. KELLEY  
907 DUNPHY RANCH ROAD  
BATTLE MOUNTAIN, NV 89820

MAIL TAX STATEMENTS TO:  
Same as above

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons. (Pursuant to NRS 239b.030)

**DOC # 0212716**

11/07/2008 1:27 PM

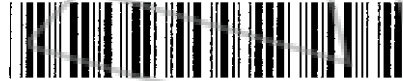
**Official Record**

Recording requested By  
MANNS, CHARLENE M

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00 Page 1 of 2  
RPTT: Recorded By: LLH  
Book- 0482 Page- 0280



0212716

SPACE ABOVE FOR RECORDER'S USE ONLY

APN No.: 005-270-03

### AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA  
COUNTY OF WASHOE

} SS:

**CHARLENE M. MANNS**, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That **JOHN E. MANNS** the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **JOHN E. MANNS** named as one of the Grantees in that certain Deed recorded in Book 447, Page 073 as Instrument No. 206743, on November 2, 2006 of Official Records of Eureka County, Nevada, covering the following described property.

**TOWNSHIP 30 NORTH, RANGE 49 EAST, M.D.B. &M.  
Section 21: ALL**

Dated: November 4, 2008

CHARLENE M. MANNS

STATE OF NEVADA  
COUNTY OF WASHOE

} SS:



This instrument was acknowledged before me on November 4, 2008,  
by CHARLENE M. MANNS

NOTARY PUBLIC

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2008015484  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>John Everet MANN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 08, 2008</b>		3a. COUNTY OF DEATH <b>Eureka</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Crescent Valley</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>251 Dry Hills Road</b>		3e. If Hosp. or Inst. indicate DOA, DP/Emer. Rm. Inpatient(Specify)	
5. RACE <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>74</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Arkansas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>8</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Rancher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Ranching</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Crescent Valley</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>John Riley MANN</b>		17. MOTHER - NAME (First Middle Last Suffix) <b>Gladys JACKSON</b>			
18a. INFORMANT - NAME (Type or Print) <b>Charlene MANN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P. O. Box 211253 Crescent Valley, Nevada 89821</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sunset Crematory</b>		19c. LOCATION City or Town State <b>Elko Nevada 89803</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>R SCOTT BURNS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>07</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b> <b>PO BOX 689 Elko NV. 89803</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		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) stated. (Signature & Title) <b>KENNETH E JONES</b> SIGNATURE AUTHENTICATED	
21b. DATE SIGNED (Mo/Day/Yr)		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) <b>October 16, 2008</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Kenneth E Jones PO Box 736 Eureka, NV 89316</b>		23b. LICENSE NUMBER			
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 20, 2008</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE 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>Myocardial Infarction</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Atherosclerotic arterial disease</b> DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____		Interval between onset and death <b>Immediate</b>		Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



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VRS-Rev-2006Y

240059 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 accompanied by the engraved border displaying date, seal and signature of Registrar.

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

