

AFFIDAVIT-TERMINATION OF JOINT TENANCY
(Death of a Joint Tenant)

ASSESSOR'S PARCEL NO. (APN# 01-161-11)

RECORDING REQUESTED BY & MAIL TAX STATEMENT TO

Name: Peter J. & Gladys P. Goicoechea

Address: P. O. Box 97

City/State/Zip: Eureka, NV 89316

DOC # 0213068

01/30/2009

09:50 AM

Official Record

Recording requested By
GLADY GOICOECHEA

Eureka County - NV

Mike Rebaleati - Recorder

Fee \$40.00

Page 1 of 2

RPTT:

Recorded By: FES

Book- 0485 Page- 0114



0213068

I, Frances Cecile Johnston, the Affiant, being of legal age, and being first duly sworn, deposes and says:
That Thomas Charles Johnston, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)
attached certified copy Certificate of Death, is the same person as _____
(Deceased Name as

Thomas C. Johnston named as one of the parties in that certain
shown on Deed)

Grant, Bargain & Sale Deed, dated on the 28th day of March,
(Type of Document)
1967, and executed by Angelo & Emilia Tognoni & Joseph & Grace Tognoni & Rose &
Ciricaco Herrera & Elva Recend & Elmo & Elizabeth Tognoni & Gladys & Joseph Gonzalez &
Pauline & Edgar Siri, known as "Grantors" to Thomas C. & Frances Cecile Johnston,
known as "Grantees", as Joint Tenants, and recorded as Instrument No. 44426, on the
28th day of March, 1967, in Book 18, Page 384, 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)

All of Lots 3 & 4, Block 46
Town of Eureka, Nevada
550 S. Monroe Street

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 \$ 10,000.00.

In witness Whereof, I/We have hereunto set my hand/our hands this 30th day of JAN.,
2009.

Frances Cecile Johnston
(Signature)

FRANCES Cecile JOHNSTON
(Print of type name here)

(Signature)

(Print or type name here)

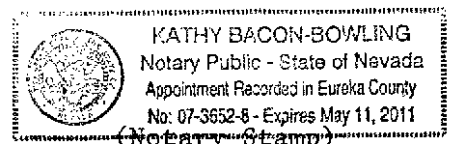
STATE OF NEVADA)

COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) January 30th 2009
By (person(s) appearing before Notary Public) Frances Cecile Johnston

Kathy Bacon-Bowling
(Notary Public)

My Commission expires: May 11, 2011



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

6
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

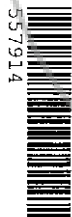
REGISTRAR

CAUSE OF
DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) Thomas Charles JOHNSTON				2. DATE OF DEATH (Mo/Day/Year) August 19, 2008		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Eureka		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 351 S Spring St.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS	
9a. STATE OF BIRTH (If not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Miner		14b. KIND OF BUSINESS OR INDUSTRY Mining		12. SURVIVING SPOUSE (if wife, give maiden name) Cecile Frances TODNONI	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		15d. STREET AND NUMBER 351 S Spring St.	
16. FATHER - NAME (First Middle Last Suffix) Charles W JOHNSTON				17. MOTHER - NAME (First Middle Last Suffix) Orpha STROHN			
18a. INFORMANT- NAME (Type or Print) Cecile JOHNSTON				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 247 Eureka, Nevada 89316			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) R SCOTT BURNS		20b. FUNERAL DIRECTOR LICENSE 07		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803			
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) [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) stated. (Signature & Title) KENNETH E JONES			
21b. DATE SIGNED (Mo/Day/Yr) November 04, 2008		21c. HOUR OF DEATH 23:00		22b. DATE SIGNED (Mo/Day/Yr) November 04, 2008		22c. HOUR OF DEATH 23:00	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr) August 20, 2008		22e. PRONOUNCED DEAD AT (Hour) 01:50	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Kenneth E Jones PO Box 736 Eureka, NV 89316						23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 05, 2008		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) Renal Failure DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) Interval between onset and death 6 Months Interval between onset and death Interval between onset and death Interval between onset and death							
PART II						25. AUTOPSY (Specify Yes or No) No	
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		26d. DESCRIBE HOW INJURY OCCURRED	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	

STATE REGISTRAR



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VRS-Rev.2008T

240969

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:

11/12/2008

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

