

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



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)

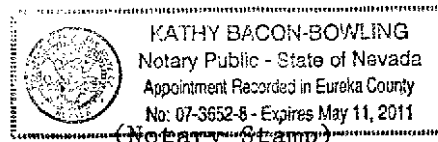
\_\_\_\_\_  
(Print or type name here)

\*\*\*\*\*  
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**

[REDACTED] 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) <b>Thomas Charles JOHNSTON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 19, 2008</b>		3a. COUNTY OF DEATH <b>Eureka</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Eureka</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>351 S Spring St.</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Male</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>74</b>	
7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 15, 1933</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Cecile Frances TODNONI</b>		13. SOCIAL SECURITY NUMBER [REDACTED]	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Miner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>		15. Ever in US Armed Forces? <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Eureka</b>	
15d. STREET AND NUMBER <b>351 S Spring St.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Charles W JOHNSTON</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Orpha STROHN</b>		18a. INFORMANT- NAME (Type or Print) <b>Cecile JOHNSTON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 247 Eureka, Nevada 89316</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>	
21a. To the best of my knowledge, 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) <b>November 04, 2008</b>		21c. HOUR OF DEATH <b>23:00</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr) <b>August 20, 2008</b>		22b. PRONOUNCED DEAD AT (Hour) <b>01:50</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>November 05, 2008</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Renal Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 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. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION STREET OR R.F.D. No.		28h. CITY OR TOWN		28i. STATE	

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

