

Official Record

Recording requested By PATRICIA ITHURRALDE

Eureka County - NV

Mike Rebaleati - Recorder

Fee \$40.00

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RPTT

Recorded By: FES

Book- 495 Page- 0131



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

ASSESSOR'S PARCEL NO. (APN#):

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO Name: Patricia Ithurralde Address: 6818 South 2485 East City/State/Zip: Salt Lake City, Utah 84121

I, Nadine E. Mahoney, the Affiant, being of legal age, and being first duly sworn, deposes and says: That James Joseph Mahoney (Deceased Name as shown on Death Certificate) the decedent mentioned in the

attached certified copy Certificate of Death, is the same person as James J. Mahoney (Deceased Name as shown on Deed)

named as one of the parties in that certain Quitclaim Deed (Type of Document)

dated on the 24th day of October 2007, and executed by

known as "Grantor(s)" to James J. Mahoney & Nadine E. Mahoney known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 123212, on the

8th day of July, 1977, in book 60 page 110, of Official Records of Town of White Pine 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 2, 3 and 4 of Block 57 Parcel number 001-093-02

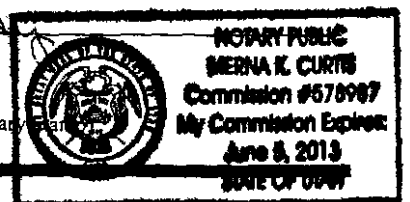
That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$

In witness Whereof, I/We have hereunto set my hand/our hands this 2nd day of Sept., 20 09

Nadine Elaine Mahoney (Signature) Nadine Elaine Mahoney (Print or type name here)

STATE OF NEVADA Utah me COUNTY OF EUREKA Salt Lake me This instrument was acknowledged before me on (date) September 2, 2009

By (person(s) appearing before notary public) Nadine Elaine Mahoney Marna K. Curtis (Notary Public) My Commission expires: 6-05-2013



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

#35-92

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER									
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH						
1. James Joseph MAHONEY			2. April 18, 1992			3a. White Pine						
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			If Hosp. or Inst. indicate OOA, OP/Emer. Rm. Inpatient (Specify)			SEX			
3b. Ely			3c. 505 Cedar Street			3e. Male						
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS		DATE OF BIRTH (Mo., Day, Yr.)		
5. White		6.		7a. 78		7b.		7c.		8. August 20, 1913		
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)				
9a. New York		9b. USA		10. 14		11. Married		12. Nadine Gibson				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY							
13. [REDACTED]		14a. Auditor/Recorder			14b. White Pine County							
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)				
15a. Nevada		15b. White Pine		15c. Ely		15d. 505 Cedar Street		15e. Yes				
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last									
16. Robert Mahoney			17. Anna Kramer									
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)								
18a. Nadine Mahoney				18b. PO Box 302 Ely, Nevada 89301								
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State						
19a. Burial			19b. Ely City Cemetery			19c. Ely, Nevada						
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY							
20a. [Signature]			20b. 11		20c. 450 Mill Street/PO Box 367 Ely, Nevada 89301							
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.)		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) and manner stated. (Signature and Title) [Signature]					
21b. April 28, 1992			21c. 11:40 P.M.		22b. [Signature]		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON		22e. AT		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			22f. [Signature]		22g. [Signature]		22h. [Signature]		22i. [Signature]		22j. [Signature]	
23a. J. Kendall Jones, M.D. 1500 Avenue F Ely, Nevada 89301			22k. [Signature]		22l. [Signature]		22m. [Signature]		22n. [Signature]		22o. [Signature]	
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE						
24a. [Signature] Doreth Robison			24b. April 28, 1992			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)	Metastatic carcinoma of prostate								Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death		
	(b)									Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death		
PART II	(c)	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.								AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
										28. No	27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED						
28a.		28b.		28c. M		28d.						
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION.		STREET OR R.F.D. No.		CITY OR TOWN STATE			
28e.		28f.			28g.							

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0214079

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: MAY 15 1992

Deputy Registrar

[Signature] No. 035764



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