

Official Record

Recording requested By  
WILSON BARROWS & SALYER

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$17.00

Page 1 of 4

RPTT

Recorded By: FES

Book- 499 Page- 0292



0214994

APN: 005-240-24

Mailing Address of Grantee or Other Person Requesting Recording:

Wilson Barrows & Salyer  
442 Court Street  
Elko, Nevada 89801

Mail Tax Statements to:

Name: Harry W. McKinney  
Address: 925 Toro Court  
City/State/Zip: Seaside, California 93955-5814

Social Security Number Affirmation Statement:

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does not contain personal information, including full social security number of any person;

-OR-

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does contain personal information, including full social security number of a person.

Joanna M. Brown

Legal Secretary

Name

Title

Signature

Title of Document Recorded:

AFFIDAVIT TERMINATING JOINT TENANCY

## AFFIDAVIT TERMINATING JOINT TENANCY

Gary R. McKinney hereby solemnly swears, deposes, says under oath, and declares under penalties of perjury that the following assertions are true:

1. Affiant is a person who has knowledge of all of the facts hereinafter set forth:
2. Affiant is a surviving son of Ruth Louise McKinney, now deceased.
3. The aforesaid Ruth Louise McKinney, one of the Grantees named in the Deed hereinafter described, died in the City of San Jose, County of Santa Clara, State of California, on July 26, 1983, and is the identical person named as Ruth Louise McKinney in that Certificate of Death, duly certified, marked Exhibit A attached hereto, and incorporated into and made a part hereof by reference.

4. Ruth Louise McKinney became a joint tenant with Harry Wayne McKinney, as to the property, and in the conveyance hereinafter described:

Deed dated June 7, 1968, executed by Shirley H. Aguirre, Assistant Secretary, of NEVADA TITLE GUARANTY COMPANY, a Nevada corporation, in favor of Harry Wayne McKinney and Ruth Louise McKinney, as Grantees, recorded on June 10, 1968, in Book 24, Official Records, Page 294, Eureka County Recorder's Office, Eureka County, Nevada, as File No. 47045, conveying that certain real property situate in the County of Eureka, State of Nevada, and more particularly described as follows:

Lot 25 in Block 2, as shown on the map of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 1, filed in the office of the County Recorder of Eureka County, Nevada, on April 6, 1959.

5. Ruth Louise McKinney was survived by the following joint tenant, as to the above-described property: Harry Wayne McKinney.

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**WILSON BARROWS & SALYER**  
ATTORNEYS AT LAW  
442 Court Street  
Elko, Nevada 89801



0214994

Book 499 05/14/2010  
Page 293 Page 2 of 4

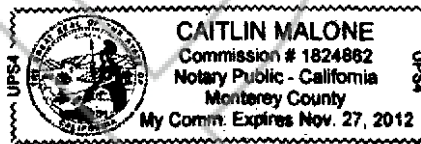
6. This Affidavit is made pursuant to NRS 40.525 and NRS 111.365 for the purpose of terminating the joint tenancy above described, and vesting all right, title and interest of the aforesaid deceased joint tenant solely in the aforesaid surviving joint tenant, all of record.

Gary R. McKinney  
Gary R. McKinney

California  
STATE OF NEVADA, )  
Monterey ) ss.  
COUNTY OF ELKO. )

Subscribed and sworn to before me this 28 day of April, 2010, by **Gary R. McKinney**.

Caitlin Malone  
NOTARY PUBLIC



10040431.jmb  
April 27, 2010

**WILSON BARROWS & SALYER**  
ATTORNEYS AT LAW  
442 Court Street  
Elko, Nevada 89801



**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

**THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE**  
**BERNICE GIANSIRACUSA, M.D.**  
**LOCAL REGISTRAR OF VITAL STATISTICS**  
**July 29, 1983**

**DEPUTY REGISTRAR OF VITAL STATISTICS**  
**SANTA CLARA COUNTY HEALTH DEPARTMENT**  
**SAN JOSE, CALIFORNIA**

**CERTIFICATION FEE: \$4.00**

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
RUTH		L		Louise		Mc KINNEY		JULY 26, 1983		1730	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE		17 UNDER 1 YEAR	
FE		White		NO		February 21, 1923		60		DAYS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
CA.		William G. Esmond, Texas		Eva Sinclair, Mn.		USA		[REDACTED]		Married	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.	
Homemaker		Adult Life		Home		Home		531 Mayellen Avenue		San Jose 95126	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. IMMEDIATE CAUSE	
531 Mayellen Avenue		19B.		San Jose		Harry W. McKinney—Husband		IMMEDIATE CAUSE		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	
Santa Clara		19C. COUNTY		19D. COUNTY		19E. STATE		24. WAS DEATH REPORTED TO CORNER?		25. WAS BURIAL PERFORMED?	
Residence		Ca.		Ca.		Same as 19A		YES		YES	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?	
531 Mayellen Avenue		Santa Clara		San Jose		San Jose		NO		MASTECTOMY	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		21E. STATE		21F. COUNTY		28. DATE SIGNED		29. PHYSICIAN'S LICENSE NUMBER	
531 Mayellen Avenue		San Jose		Ca.		Santa Clara		7-27-83		6-12886	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORNER?		25. WAS BURIAL PERFORMED?		26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?	
IMMEDIATE CAUSE		IMMEDIATE CAUSE		YES		YES		NO		DATE	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST		28. DATE SIGNED		29. PHYSICIAN'S LICENSE NUMBER		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH DAY YEAR	
(A) Cardiac arrest		7-27-83		6-12886		Peter J. Knoll, M.D.		32B. HOUR		32C. DATE SIGNED	
(B) Advanced carcinoma of breast with metastases		6-6-83		6-12886		2577 Samaritan Dr., San Jose, Ca.		32D. HOUR		32E. DATE SIGNED	
(C)		6-6-83		6-12886		2577 Samaritan Dr., San Jose, Ca.		32F. HOUR		32G. DATE SIGNED	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA YR.)		28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. PHYSICIAN'S LICENSE NUMBER		30. PLACE OF INJURY	
1-24-78		Peter J. Knoll, M.D.		7-27-83		6-12886		6-12886		32B. HOUR	
28B. TYPE PHYSICIAN'S NAME AND ADDRESS		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. PHYSICIAN'S LICENSE NUMBER		30. PLACE OF INJURY		31. INJURY AT WORK	
Peter J. Knoll, M.D.		7-27-83		6-12886		6-12886		32B. HOUR		32C. DATE SIGNED	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST, INVESTIGATION)		35B. CORNER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED		36. INJURY AT WORK	
Burlal		37. DATE—MONTH DAY YEAR		38. NAME AND ADDRESS OF CENTURY OF CREMATION		39. LABELER'S LICENSE NUMBER AND SIGNATURE		40. DATE OF DEATH		41. DATE OF DEATH	
7-29-83		Mission City Mem Pk., Santa Clara, Ca.		Bernice Giansiracusa, M.D.		6521		JUL 29 1983		42. DATE OF DEATH	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		40C. SIGNATURE		40D. DATE OF DEATH		40E. DATE OF DEATH		40F. DATE OF DEATH	
WILLOW GLEN FUNERAL CHAPEL		813		Bernice Giansiracusa, M.D.		6521		JUL 29 1983		40F. DATE OF DEATH	
STATE REGISTRAR		A.		B.		C.		D.		E.	
0214994		Book 499		05/14/2010		Page 295		Page: 4 of 4		40F. DATE OF DEATH	

VS-11 (6-82)