

Official Record

Recording Requested By
WILSON BARROWS & SALYER

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$17.00 Page: 001 of 004

RPTT: \$0.00 Recorded By FS

Book- 0508 Page- 0117



0215823

APN: 005-240-24; 002-027-15

Mailing Address of Grantee or Other Person Requesting Recording:

Wilson Barrows & Salyer
442 Court Street
Elko, Nevada 89801

Mail Tax Statements to:

Name: Gary R. McKinney
Address: 925 Toro Court
City/State/Zip: Seaside, CA 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.

Michelle A. Quintero
Name

Legal Secretary
Title

Michelle A. Quintero
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:

Parcel One: Township 30 North, Range 48 East, MDB&M Sec. 33: N1/2 of SE1/4 of NE1/4

Parcel Two:

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.

WILSON BARROWS & SALYER
ATTORNEYS AT LAW
442 Court Street
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0215823

Book: 508 10/28/2010
Page: 118 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 26 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

0215823 Book: 508 10/28/2010
Page: 119 Page: 3 of 4
0214994 Book: 499 05/14/2010
Page: 294 Page: 3 of 4

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE
 BY: *[Signature]*
 BERNICE GIANSIRACUSA, M.D.,
 LOCAL REGISTRAR OF VITAL STATISTICS
 SANTA CLARA COUNTY HEALTH DEPARTMENT
 SAN JOSE, CALIFORNIA
 July 29, 1983
 CERTIFICATION FEE \$4.00

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST RUTH	1B. MIDDLE Louise	1C. LAST Mc KINNEY	2A. DATE OF DEATH (MONTH, DAY, YEAR) JULY 26, 1983	2B. HOUR 1730	
3. SEX FE	4. RACE/ETHNICITY White	5. SPANISH/HISPANIC <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH February 21, 1923	7. AGE 60	8. IF UNDER 1 YEAR MONTHS DAYS
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) CA			9. NAME AND BIRTHPLACE OF FATHER William G. Esmond, Texas	10. BIRTH NAME AND BIRTHPLACE OF MOTHER Eva Sinclair, Mn.	
11. CITIZEN OF WHAT COUNTRY USA	12. SOCIAL SECURITY NUMBER 556 20 3462	13. MARITAL STATUS Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Harry W. McKinney		
15. PRIMARY OCCUPATION Homemaker	16. NUMBER OF YEARS THIS OCCUPATION Adult Life	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Home	18. KIND OF INDUSTRY OR BUSINESS Home		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 531 Mayellen Avenue			19B.	19C. CITY OR TOWN San Jose 95126	
18D. COUNTY Santa Clara	19E. STATE Ca.	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Harry W. McKinney—Husband			
21A. PLACE OF DEATH Residence	21B. COUNTY Santa Clara	Same as 19A			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 531 Mayellen Avenue			21D. CITY OR TOWN San Jose		
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE					
(A) Cardiac arrest		minutes	24. WAS DEATH REPORTED TO CORONER? YES 5020		
(B) Advanced carcinoma of breast with metastases		9 years	25. WAS BIRTH PERFORMED? YES		
(C)			26. WAS AUTOPSY PERFORMED? NO		
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION MASTECTOMY DATE 6/75		
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.) 1-24-78 6-6-83		28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE <i>Peter J. Knoll, M.D.</i>	28C. DATE SIGNED 7-27-83	28D. PHYSICIAN'S LICENSE NUMBER 6-12886	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR
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. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED
37. DATE—MONTH, DAY, YEAR Burial 7-29-83	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Mission City Mem Pk., Santa Clara, Ca.			39. EMPLOYER'S LICENSE NUMBER AND SIGNATURE 6521	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO. 813	41. LOCAL REGISTRAR'S SIGNATURE <i>Bernice Giansiracusa</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR JUL 29 1983
WILLOW GLEN FUNERAL CHAPEL					
STATE REGISTRAR	0214994 Book 499 05/14/2010 Page 295 Page: 4 of 4				



0215823