

When recorded return to:
Marvel & Kump, Ltd.
PO Box 2645
Elko, NV 89801
Mail Tax Statements to:
Mrs. P.J. Benet-Davis
P.O. Box 1138
Alturas, CA 96101
APN- 001-194-05

DOC # 0215974
11/18/2010 01:41 PM
Official Record
Recording requested By
MARVEL & KUMP LTD
Eureka County - NV
Mike Rebaleati - Recorder
Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: FES
Book- 509 Page- 0259



AFFIDAVIT TERMINATING JOINT TENANCY

P.J. BENET-DAVIS ("Affiant"), being first duly sworn according to law, deposes and says:

1. That Affiant is the daughter of **JACK SCOTT BURNETT**, deceased, hereinafter referred to as "Decedent," and the surviving joint tenant in and to the property hereafter described.

2. That Affiant, **P. J. BENET-DAVIS**, and **JACK SCOTT BURNETT**, Decedent, acquired the following described property as joint tenants with right of survivorship and not at tenants in common by that certain Joint Tenancy Deed dated March 13, 2009, and recorded in Book 486 of Official Records at Page 63, as Document No. 0213178, in the Office of the County Recorder, Eureka County, Nevada, said property being located in the County of Eureka, State of Nevada, and more particularly described as follows, to-wit:

Parcel No. 1, as shown on that certain Parcel Map for Jack Scott Burnett, filed in the Office of the County Recorder of Eureka County, State of Nevada, on June 20, 1990, as file No. 132576, being a portion of Section 24, Township 19 North, Range 53 East, MDB&M.

TOGETHER WITH any and all buildings and improvement situate thereon.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

3. That **JACK SCOTT BURNETT**, being one of the persons described in the foregoing Joint Tenancy Deed as a grantee and joint tenant, died in the County of Washoe, State of Nevada, on the 16th day of September, 2010. That a certified copy of the death certificate of said Decedent is attached to this Affidavit and made a part hereof.

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2010014016

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jack Scott BURNETT		2. DATE OF DEATH (Mo/Day/Yr) September 16, 2010		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center		3e. If Hosp or Inst indicate DOA OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 96		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) May 12, 1914		9a. STATE OF BIRTH (if not U.S.A., name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Aircraft Engineer		14b. KIND OF BUSINESS OR INDUSTRY Engineering	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER Route 2		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. Ever in US Armed Forces? No	

PARENTS

16. FATHER - NAME (First Middle Last Suffix) BURNETT		17. MOTHER - NAME (First Middle Last Suffix) Phoebe Adelaide SCOTT	
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DISPOSITION

18a. INFORMANT - NAME (Type or Print) PJ BENET-DAVIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Po Box 1138 Alturas, California 96101	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME The Gardens	
19c. LOCATION City or Town State Fallon Nevada 89406		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LORRETTA GUAZZINI	

TRADE CALL

20b. FUNERAL DIRECTOR LICENSE 600		20c. NAME AND ADDRESS OF FACILITY The Gardens	
20d. SIGNATURE AUTHENTICATED		20e. ADDRESS OF FACILITY 2949 Austin Hwy Fallon NV 89406	

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) PIOTR KUBICZEK M.D.		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) PIOTR KUBICZEK M.D.	
21b. DATE SIGNED (Mo/Day/Yr) September 21, 2010		22b. DATE SIGNED (Mo/Day/Yr) September 21, 2010	
21c. HOUR OF DEATH 16:36		22c. HOUR OF DEATH 16:36	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) September 16, 2010	
22e. PRONOUNCED DEAD AT (Hour) 16:36		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Piotr Kubiczek M.D. 10 Kirman Ave Reno, NV 89520	

REGISTRAR

23b. LICENSE NUMBER 11610		24a. REGISTRAR (Signature) BRIDGES SANDI	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 21, 2010		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Arteriosclerotic Cardiovascular Disease		Interval between onset and death	
(a) DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death	
(d)		Interval between onset and death	

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

PART II Left Hip Fracture Due to Ground Level Fall		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) September 06, 2010		28c. HOUR OF INJURY 1712	
28d. DESCRIBE HOW INJURY OCCURRED Ground level fall		28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Residence	
28g. LOCATION 131 Richmond St.		STREET OR R.F.D. No.		CITY OR TOWN Eureka	
STATE Nevada					

STATE REGISTRAR

357235



0215974

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VRS-Rev.20100218

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.

DEPUTY REGISTRAR

Mary A. Anderson

DATE ISSUED:
PBNCO (Rev.) 12/09

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

