

DOC # 0216896

03/30/2011

01:10 PM

**Official Record**

Recording requested By  
COPENHAVER & MCCONNELL

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$17.00

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RPTT.

Recorded By: FES

Book- 513 Page- 0148

APN: 005-460-13

Send Tax Statements to:

Mrs. Barbara R. Card  
4N 324 RT 59  
West Chicago, IL 60185

When recorded return to:

Copenhaver & McConnell, P.C.  
950 Idaho Street  
Elko, NV 89801



0216896

**AFFIDAVIT TERMINATING JOINT TENANCY PURSUANT TO NRS 111.365**

STATE OF ILLINOIS     )  
                                      ) ss.  
COUNTY OF DUPAGE     )

I, **BARBARA R. CARD**, do hereby swear (or affirm) under penalty of perjury that the following assertions of this Affidavit are true.

1. That I am the surviving daughter of **ALEXANDER G. PAUL and RUTH K. PAUL**.

2. That **ALEXANDER G. PAUL and RUTH K. PAUL** acquired the following described property in the County of Elko, State of Nevada, as joint tenants with right of survivorship, by that certain Deed dated November 8, 1977, and recorded on the 16th day of November, 1977, in Book 62, Page 45 as Document No. 64218, Official Records Elko County Recorder, Elko County, State of Nevada, said real property being more specifically described as follows:

TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B.&M.

Section 25: SW $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$

APN: 005-460-13

TOGETHER with any and all improvements situate thereon.

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

3. That **ALEXANDER G. PAUL**, being one of the persons described in the foregoing described Deed as a grantee and joint tenant, died in the City of Downers Grove, County of DuPage, State of Illinois, on the 30th day of November, 1992. That a certified copy of the death certificate of **ALEXANDER G. PAUL** is attached to this Affidavit and made a part thereof.

4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said **ALEXANDER G. PAUL**, the deceased joint tenant, in and to the foregoing described property, and vesting title thereto solely in **RUTH K. PAUL** as the surviving joint tenant of **ALEXANDER G. PAUL**.

DATED this 7 day of March, 2011.

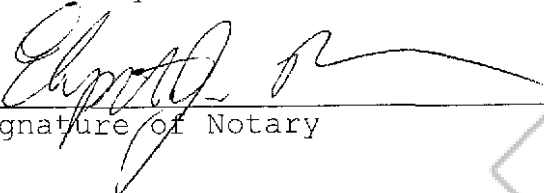
  
BARBARA R. CARD



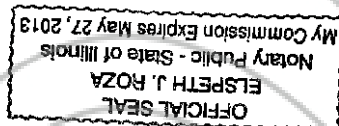
State of Illinois  
County of DuPage

On the 24 day of March, 2011, before  
me Elsbeth J. Roza, the undersigned Notary,  
personally appeared **BARBARA R. CARD**, personally known to me or  
proved to me on the basis of satisfactory evidence to be the person  
whose name is subscribed to the within instrument, and acknowledged  
to me that she executed the same individually and that by her  
signature on the instrument the person, or the entity upon behalf  
of which the person acted, executed the instrument.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
Signature of Notary

(Attach seal or stamp of Notary)





DuPage County  
Health  
Department

DECEDENT'S BIRTH NO.

REGISTRATION  
DISTRICT NO.

22.0

STATE OF ILLINOIS

STATE FILE  
NUMBER

REGISTERED  
NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in  
PERMANENT INK  
See Funeral Directors,  
Hospital, or Physicians  
Handbook for  
INSTRUCTIONS

A  
DECEASED

B  
C  
D  
E

PARENTS

1  
2  
3  
4  
5  
N  
P

CAUSE

CERTIFIER

DISPOSITION

1. ALEXANDER		G.		PAUL		SEX	MALE	DATE OF DEATH (MONTH, DAY, YEAR)		3. NOVEMBER 30, 1992	
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)			
4. DUPAGE		5a. 76		5b. MOS		5c. DAYS		5d. December 25, 1915			
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OR INPATIENT (SPECIFY)							
6a. Downers Grove		6b. GOOD SAMARITAN HOSPITAL		6c. INPATIENT							
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)					
7. Chicago, IL		8a. Married		8b. Ruth Krist		9. Yes					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)					
10. [REDACTED]		11a. Traffic Manager		11b. Cash Register		12. 12					
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY					
13a. 485 N. Beverly Ave		13b. Villa Park		13c. Yes		13d. DuPage					
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)					
13e. Illinois		13f. 60181		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:					
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST									
15. Christian Paul		16. Sophia Zeier									
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)							
17a. LISA MENSIK		17b. CLERK		3815 HIGHLAND AVE DOWNERS GROVE, IL 60515							
18. PART I.		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
Immediate Cause (Final disease or condition resulting in death)		(a) Multisystem Organ Failure		60 days							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Thoracic Aneurysm Repair									
		(c) Thoracic Aortic Aneurysm									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)							
19a. Respiratory failure, Renal failure, Gastrointestinal bleeding, Pneumonia		19b. NO		19c. NO							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?							
20a. 9/21/92		20b. Dissected thoracic Aneurysm		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
1. (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH					
21a. 11/27/92		21b. NO		21c. 12:37 AM							
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)									
22a. SIGNATURE		22b. 11/30/92									
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER									
22c. Stephen M Rowley 2340 Highland, Suite 510 Lombard 60148		22d. 036-070452									
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.									
23. ALAN BROWN											
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)					
24a. Burial		24b. Chapel Hill West		24c. Elmhurst, Illinois		24d. 12-3-92					
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP					
25a. Steuerle Funeral Home		350 S. Ardmore Ave		Villa Park, Illinois		60181					
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER									
25b. [Signature]		25c. 034-014364									
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)									
26a. [Signature]		26b. DEC - 2 1992									

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

James P. Paulissen, M.D.



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uPage County Health Department

111 North County Farm Road Wheaton, Illinois 60187