

**The following document contains
a Social Security number pursuant
to the provisions of NRS 40.525**

Assessor's Parcel #410-000-44

Recording requested by and return to:
Mackedon Law, P.C.
Post Office Box 1203
Fallon, Nevada 89407

Mail tax statements to:
Surviving Joint Tenant
%943 W. Williams Avenue
Fallon, NV 89406

EUREKA COUNTY, NV
Rec:\$35.00
Total:\$35.00
MACKEDON LAW P C

2018-235524
07/02/2018 02:44 PM
Pgs=3



00001987201802355240030035

LISA HOEHNE, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
County of Churchill)

CYNTHIA E. TROXEL, being first duly sworn according to law, deposes and says:

1. That she is of legal age and has knowledge of the facts contained in this Affidavit;
2. That she is the Co-Administrator of the Estate of BERNARD PONTE, deceased.
3. That BARBARA PONTE was one of the parties in a Deed dated June 30, 2000,
wherein JOAN SHANGLE, Trustee, conveyed certain patented mining claims situate in the
County of Eureka, State of Nevada to BERNARD PONTE and BARBARA PONTE, husband
and wife, in joint tenancy;
4. That said Deed is recorded in the Office of the Eureka County Recorder, in Book
335, Page 441 as Document Number 174912, Official Records of Eureka County, Nevada;
5. That said Deed created a joint tenancy as to the following real property:

Stockton - Patent Number 10229; Gedddes No 4 - Patent
Number 17373; Hogden - Patent Number 12851

Together with the tenements, hereditaments and appurtenances belonging or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

6. That BARBARA PONTE died on September 30, 2007 in Washoe County, Nevada as shown in the attached Certificate of Death; and

7. That the BARBARA L. PONTE named in the attached Certificate of Death is the same BARBARA PONTE who was one of the parties in the Deed described above.

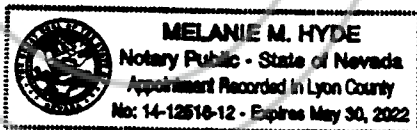
DATED: This 26 day of June, 2018.

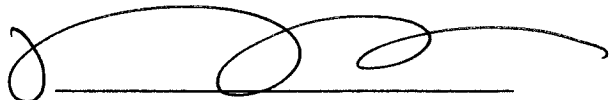

CYNTHIA E. TROXEL

STATE OF NEVADA)
 : SS.
County of Churchill)

On this 26 day of June, 2018, personally appeared before me, a Notary Public, in and for the county and state aforesaid, CYNTHIA E. TROXEL, known to me or who proved to me to be the person described herein and who executed the above and foregoing instrument; and who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year first written above.




Notary Public

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2007007880

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

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

1a. DECEASED-NAME FIRST Barbara			1b. MIDDLE Lois			1c. LAST PONTE			2. DATE OF DEATH (Mo/Day/Year) September 30, 2007			3a. COUNTY OF DEATH Washoe			
3b. CITY, TOWN, OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street) Renown Regional Medical Center						3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient			4. SEX Female			
5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Dependent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 79			7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 23, 1928		
9a. STATE OF BIRTH (If not U.S.A.) California			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION Married			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			12. SURVIVING SPOUSE (if wife, give name) Bernard PONTE			
13. SOCIAL SECURITY NUMBER 190			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working)						14b. KIND OF BUSINESS OR INDUSTRY Real Estate						
15a. RESIDENCE - STATE Nevada			15b. COUNTY Churchill			15c. CITY, TOWN OR LOCATION Fallon			15d. STREET AND NUMBER 1250 Rice Road			15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER - NAME (First Middle Last Suffix) Edward Norton PIERSON						17. MOTHER - NAME (First Middle Last Suffix) Ada Ruth MERRITT									
18a. INFORMANT - NAME (Type or Print) Bernard PONTE						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1250 Rice Road Fallon, Nevada 89406									
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial						19b. CEMETERY OR CREMATORY - NAME Fallon Cemetery			19c. LOCATION City or Town State Fallon Nevada 89406						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JEFF T SMITH						20b. FUNERAL DIRECTOR LICENSE NUMBER 47			20c. NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407						
20d. SIGNATURE AUTHENTICATED															
TRADE CALL - NAME AND ADDRESS															
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NALINI VELAYUDHAN DO															
21b. DATE SIGNED (Mo/Day/Yr) October 02, 2007						21c. HOUR OF DEATH 05:10			22a. On the basis of examination and/or investigation, in my opinion death occurred at the date and place and due to the cause(s) stated. (Signature & Title)						
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER						22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH						
22d. PRONOUNCED DEAD (Mo/Day/Yr)						22e. PRONOUNCED DEAD AT (Hour)									
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nalini Velayudhan DO 75 Pringle Way #1002 Reno, NV 89502											23b. LICENSE NUMBER 5674				
24a. REGISTRAR (Signature) LAURA DANIELS						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 03, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)															
PART (a) Cardiorespiratory failure															
DUE TO, OR AS A CONSEQUENCE OF:															
(b) Metastatic cancer (colon)															
DUE TO, OR AS A CONSEQUENCE OF:															
(c)															
PART OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.															
26a. ACC., SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)			26b. DATE OF INJURY (Mo/Day/Yr)			26c. HOUR OF INJURY			26d. DESCRIBE HOW INJURY OCCURRED						
26e. INJURY AT WORK (Specify Yes or No)			26f. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)			26g. LOCATION STREET OR R.F.D. No.			26h. CITY OR TOWN		26i. STATE				

STATE REGISTRAR

Information Corrected, State Affidavit# 48011, 10/12/2007 - 1b

525594

VRS-Rev-E3v

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.

DATE ISSUED:

JUN 27 2018

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

