

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

Assessor's Parcel #410-000-51

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

2018-235525
07/02/2018 02:45 PM
Pgs=4



LISA HOEHNE, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANTS

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 RICHARD L. GERISH 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 RICHARD L. GERISH, 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 439 as Document Number 174911, Official Records of Eureka County, Nevada;
5. That said Deed created a joint tenancy as to the following real property:

7/60th Interest - Cosmos; 7/60th Interest - Jones & Kyle; 7/60th
Interest - Mary Ann; 7/60th interest - Silver Brick; 7/60th Interest

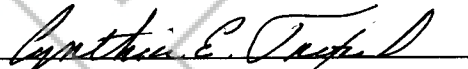
- Wolverine; 3/40th Interest - Monroe; and 7/60th Interest - Wolverine Millsite.

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 RICHARD LOUIS GERISH died on November 2, 2008 in Washoe County, Nevada as shown in the attached Certificate of Death; and

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

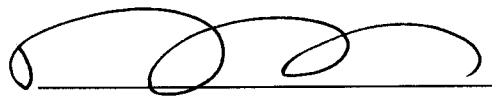
DATED: This 26 day of June, 2018.

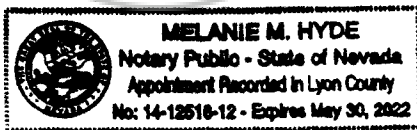

CYNTHIA E. TROXEL

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

CASE FILE NO. 561938

CERTIFICATE OF DEATH

2008016442
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK DECEASED 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Richard Louis GERISH</td> <td>2. DATE OF DEATH (Mo/Day/Year) November 02, 2008</td> <td>3a. COUNTY OF DEATH Washoe</td> </tr> <tr> <td>3b. CITY, TOWN, OR LOCATION OF DEATH Reno</td> <td colspan="2">3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Inpatient)(Specify) Rosewood Rehabilitation Center Inpatient</td> <td>4. SEX Male</td> </tr> <tr> <td>5. RACE (Specify) White</td> <td>6. Hispanic Origin? Specify No - Non-Hispanic</td> <td>7a. AGE-Last birthday (Years) 79</td> <td>7b. UNDER 1 YEAR MOS DAYS HOURS MINS</td> </tr> <tr> <td colspan="2">9a. STATE OF BIRTH (if not US/CA, name country) Connecticut</td> <td>9b. CITIZEN OF WHAT COUNTRY United States</td> <td>10. EDUCATION 16+</td> </tr> <tr> <td colspan="2">11. MARITAL STATUS (Specify) Widowed</td> <td colspan="2">12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)</td> </tr> <tr> <td>13. SOCIAL SECURITY NUMBER 956</td> <td colspan="2">14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Mining Engineer</td> <td>14b. KIND OF BUSINESS OR INDUSTRY Mining</td> </tr> <tr> <td colspan="2">15a. RESIDENCE - STATE Nevada</td> <td>15b. COUNTY Lyon</td> <td>15c. CITY, TOWN OR LOCATION Fernley</td> </tr> <tr> <td colspan="2">15d. STREET AND NUMBER 16 Justin Way</td> <td colspan="2">15e. INSIDE CITY LIMITS (Specify Yes or No) Yes</td> </tr> <tr> <td colspan="2">16. FATHER/PARENT - NAME (First Middle Last Suffix) Harold GERISH</td> <td colspan="2">17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alta BERGE</td> </tr> <tr> <td colspan="2">18a. INFORMANT- NAME (Type or Print) Renate OLSON</td> <td colspan="2">18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16 Justin Way Fernley, Nevada 89408</td> </tr> <tr> <td colspan="2">19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation</td> <td colspan="2">19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens</td> </tr> <tr> <td colspan="2">19c. LOCATION City or Town State Reno Nevada 89503</td> <td colspan="2">20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CAROL DAVID HIGGINS</td> </tr> <tr> <td colspan="2">20b. FUNERAL DIRECTOR LICENSE NUMBER 20</td> <td colspan="2">20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502</td> </tr> <tr> <td colspan="4">TRADE CALL - NAME AND ADDRESS</td> </tr> <tr> <td colspan="2">21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JEFFREY GERBER</td> <td colspan="2">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)</td> </tr> <tr> <td colspan="2">21b. DATE SIGNED (Mo/Day/Yr) November 04, 2008</td> <td colspan="2">21c. HOUR OF DEATH 01:20</td> </tr> <tr> <td colspan="2">21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</td> <td colspan="2">22b. DATE SIGNED (Mo/Day/Yr)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">22c. HOUR OF DEATH</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">22d. PRONOUNCED DEAD (Mo/Day/Yr)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">22e. PRONOUNCED DEAD AT (Hour)</td> </tr> <tr> <td colspan="3">23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jeffrey Gerber 1800 Caughlin Creek Reno, NV 89509</td> <td>23b. LICENSE NUMBER 9256</td> </tr> <tr> <td colspan="2">24a. REGISTRAR (Signature) SANDI BRIDGES</td> <td colspan="2">24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 05, 2008</td> </tr> <tr> <td colspan="2">24c. SIGNATURE AUTHENTICATED</td> <td colspan="2">24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="4">25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I</td> </tr> <tr> <td colspan="2">(a) Vascular dementia</td> <td colspan="2">Interval between onset and death Months</td> </tr> <tr> <td colspan="2">(b) Chronic airway obstruction</td> <td colspan="2">Interval between onset and death Years</td> </tr> <tr> <td colspan="2">(c) Renal failure</td> <td colspan="2">Interval between onset and death Years</td> </tr> <tr> <td colspan="2">(d)</td> <td colspan="2">Interval between onset and death</td> </tr> <tr> <td colspan="3">PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.</td> <td>26. AUTOPSY (Specify Yes or No) No</td> </tr> <tr> <td colspan="3"></td> <td>27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No</td> </tr> <tr> <td>28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)</td> <td>28b. DATE OF INJURY (Mo/Day/Yr)</td> <td>28c. HOUR OF INJURY</td> <td>28d. DESCRIBE HOW INJURY OCCURRED</td> </tr> <tr> <td>28e. 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STATE REGISTRAR



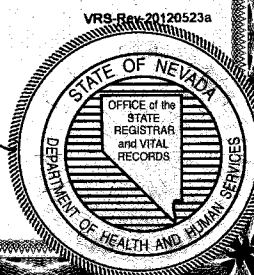
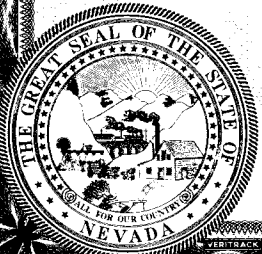
CERTIFIED COPY OF VITAL RECORDS

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: **MAY 22 2018**

Julie Katchear
STATE REGISTRAR

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



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 Reno 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 Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic		7a. AGE-Last birthda (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		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maid Bernard PONTE		
13. SOCIAL SECURITY NUMBER [REDACTED] 190		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Broker				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 SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER 47		20c. NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407				
21a. To the best of my knowledge, death occurred at the time, date and place and due to the SIGNATURE AUTHENTICATED 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)				
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 SIGNATURE AUTHENTICATED						
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.								Interval between onset and death		
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28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office, building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE						

STATE REGISTRAR

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

529594

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

Julie Katcheva
STATE REGISTRAR

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

