

**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.

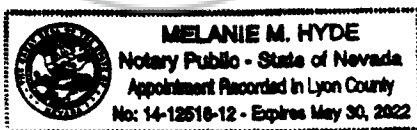
DATED: This 26 day of June, 2018.

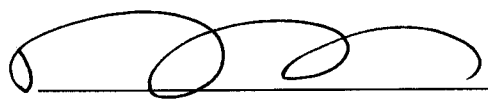

CYNTHIA E. TROXEL

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	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <div style="text-align: center;">Richard Louis GERISH</div>		2. DATE OF DEATH (Mo/Day/Year) <div style="text-align: center;">November 02, 2008</div>		3a. COUNTY OF DEATH <div style="text-align: center;">Washoe</div>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <div style="text-align: center;">Reno</div>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and <div style="text-align: center;">Rosewood Rehabilitation Center</div>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <div style="text-align: center;">Inpatient</div>		
4. SEX <div style="text-align: center;">Male</div>		5. RACE (Specify) <div style="text-align: center;">White</div>		6. Hispanic Origin? Specify No - Non-Hispanic <div style="text-align: center;">No</div>		7a. AGE-Last birthday (Years) <div style="text-align: center;">79</div>	
7b. UNDER 1 YEAR <div style="text-align: center;">MOS</div>		7c. UNDER 1 DAY <div style="text-align: center;">HOURS MINS</div>		8. DATE OF BIRTH (Mo/Day/Yr) <div style="text-align: center;">March 12, 1929</div>			
9a. STATE OF BIRTH (if not US/CA, name country) <div style="text-align: center;">Connecticut</div>		9b. CITIZEN OF WHAT COUNTRY <div style="text-align: center;">United States</div>		10. EDUCATION <div style="text-align: center;">16+</div>		11. MARITAL STATUS (Specify) <div style="text-align: center;">Widowed</div>	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <div style="text-align: center;">Alta BIRGE</div>		13. SOCIAL SECURITY NUMBER <div style="text-align: center;">956</div>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <div style="text-align: center;">Mining Engineer</div>		14b. KIND OF BUSINESS OR INDUSTRY <div style="text-align: center;">Mining</div>	
15a. RESIDENCE - STATE <div style="text-align: center;">Nevada</div>		15b. COUNTY <div style="text-align: center;">Lyon</div>		15c. CITY, TOWN OR LOCATION <div style="text-align: center;">Fernley</div>		15d. STREET AND NUMBER <div style="text-align: center;">16 Justin Way</div>	
15e. INSIDE CITY LIMITS (Specify Yes or No) <div style="text-align: center;">Yes</div>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <div style="text-align: center;">Harold GERISH</div>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <div style="text-align: center;">Alta BIRGE</div>			
18a. INFORMANT- NAME (Type or Print) <div style="text-align: center;">Renate OLSON</div>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <div style="text-align: center;">16 Justin Way Fernley, Nevada 89408</div>					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <div style="text-align: center;">Cremation</div>		19b. CEMETERY OR CREMATORY - NAME <div style="text-align: center;">Masonic Memorial Gardens</div>		19c. LOCATION City or Town State <div style="text-align: center;">Reno Nevada 89503</div>			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <div style="text-align: center;">CAROLL DAVID HIGGINS</div>		20b. FUNERAL DIRECTOR LICENSE NUMBER <div style="text-align: center;">20</div>		20c. NAME AND ADDRESS OF FACILITY <div style="text-align: center;">Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502</div>			
20d. SIGNATURE AUTHENTICATED <div style="text-align: center;">JEFFREY GERBER</div>							
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <div style="text-align: center;">SIGNATURE AUTHENTICATED JEFFREY GERBER</div>		21b. DATE SIGNED (Mo/Day/Yr) <div style="text-align: center;">November 04, 2008</div>		21c. HOUR OF DEATH <div style="text-align: center;">01:20</div>		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) <div style="text-align: center;">SIGNATURE AUTHENTICATED</div>	
22b. DATE SIGNED (Mo/Day/Yr) <div style="text-align: center;">November 04, 2008</div>		22c. HOUR OF DEATH <div style="text-align: center;">01:20</div>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <div style="text-align: center;">November 05, 2008</div>		22e. PRONOUNCED DEAD AT (Hour) <div style="text-align: center;">01:20</div>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <div style="text-align: center;">Jeffrey Gerber 1800 Caughlin Creek Reno, NV 89509</div>		23b. LICENSE NUMBER <div style="text-align: center;">9256</div>					
24a. REGISTRAR (Signature) <div style="text-align: center;">SANDI BRIDGES</div>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <div style="text-align: center;">November 05, 2008</div>		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 I (a) Vascular dementia DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic airway obstruction DUE TO, OR AS A CONSEQUENCE OF: (c) Renal failure DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death Months Interval between onset and death Years Interval between onset and death Years Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) <div style="text-align: center;">No</div>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <div style="text-align: center;">No</div>			
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
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



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.

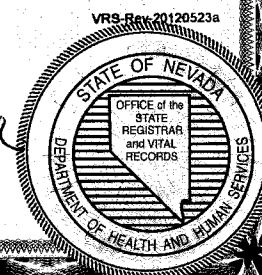
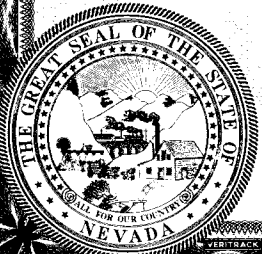
DATE ISSUED:

MAY 22 2018

Julie Katchera
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



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 Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No		7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		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 Broker		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Bernard PONTE			
13. SOCIAL SECURITY NUMBER 190			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Years) 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				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 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER											
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) Interval between onset and death Interval between onset and death Interval between onset and death											
PART OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.											
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED					
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

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DATE ISSUED:

JUN 27 2018

STATE REGISTRAR

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