172521

Affidavit-Termination of Joint Tenancy

(Death of a Joint Tenant)

I, Charles F. Vaccaro, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Charles Augustine Vaccaro, the decedent
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as Charles A. Vaccaro,
(Deceased Name as shown on Deed)

named as one of the parties in that certain Deed,
(Type of Document)

dated on the 9th day of September, 19 92, and executed by Charles A. Vaccaro, known as "Grantor(s)" to Charles A. Vaccaro and Charles Francis Vaccaro, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 142197, on the 10th day of September, 19 92, in book 238 page 351, of Official Records of Eureka County, Nevada, covering the following described property situated in the City of , County of Eureka, State of Nevada.

(Set forth legal description and commonly known street address, if known)

SEE EXHIBIT A ATTACHED

ASSESSOR'S PARCEL NO. (APN#) 01-073-01, 01-072-02

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of $

In Witness Whereof, I/We have hereunto set my hand/our hands this 16 day of Aug, 19 99

(Signature)

(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA }
}
COUNTY OF }

On this 16th day of August, 19 99 personally appeared before me, a Notary Public

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that ___ he ___ executed the instrument.

(Notary Public)

(Notary Stamp)

JOAN SHANGLE
Notary Public - State of Nevada
Appointment Recorded in Eureka County
Expires December 20, 2001

RECORDING REQUESTED BY AND MAIL TO

NAME Charles F. Vaccaro
ADDRESS 2111 East 3900 South
CITY/ST/ZIP Salt Lake City, UT 84124

If applicable mail tax statements to

NAME Charles F. Vaccaro
ADDRESS 2111 East 3900 South
CITY/ST/ZIP Salt Lake City, UT 84124

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

BOOK 328 PAGE 283

STATE OF UTAH — DEPARTMENT OF HEALTH

Access to information on this form is limited under the Vital Statistics Act and Rules

STATE OF UTAH - DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 18-5042

STATE FILE NUMBER

DECEDENT

1. NAME OF DECEDENT FIRST	MIDDLE	LAST	2. SEX	3a. DATE OF DEATH (Mo. Day, Yr.)	3b. TIME OF DEATH (24 hr. clock)
Charles	Augustine	VACCARO	Male	DEC. 29, 1994	1615

4. DATE OF BIRTH (Mo. Day, Yr.)	5. AGE - (Last Birthday)	If UNDER 1 YEAR: Months	Days	If UNDER 24 HOURS: Hours	Minutes	6. BIRTHPLACE (City & State or Foreign Country)	7. SOCIAL SECURITY NUMBER
SEPT. 4, 1907	87 Yrs.					Eureka, Nevada	[redacted]

8a. PLACE OF DEATH (Check only one): ☐ Inpatient ☐ ER/Outpatient ☐ DOA — HOSPITAL; ☒ Nursing Home ☐ Residence ☐ Other — OTHER

8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location): Heritage Eastridge Rehab. Center

8c. CITY, TOWN OR LOCATION OF DEATH: Salt Lake City, Utah

8d. COUNTY OF DEATH: SALT LAKE

9. SURVIVING SPOUSE (If wife, give maiden name): - - -

10. WAS DECEDENT EVER IN U.S. ARMED FORCES?	11. MARITAL STATUS	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)	12b. KIND OF BUSINESS OR INDUSTRY
☐ Yes ☒ No	☐ Never Married ☐ Married ☐ Divorced ☒ Widowed	Miner	Mining of Precious Metals

13a. RESIDENCE - STREET AND NUMBER	13b. CITY, TOWN, OR COMMUNITY	13c. COUNTY	13d. STATE
P.O. Box 256 (Buel Street)	Eureka	Eureka	Nevada

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify)	15. RACE - Black, White, Am. Indian (Tribe may be entered), Japanese, etc. (Specify)	16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) - College (13-16 or 17+)
☒ Yes ☐ No	89316	☐ Yes ☒ No — ☐ Mexican ☐ Cuban ☐ Puerto Rican ☐ Other (Specify)	White	8

PARENTS

17. FATHER'S NAME (First, Middle, Last): Michael Vaccaro

18. MAIDEN NAME OF MOTHER (First, Middle, Last): Angela Connesia

INFORMANT

19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: SON - Charles F. Vaccaro / 2131 Atkin Avenue / Salt Lake City, Utah 84109

DISPOSITION

20. METHOD OF DISPOSITION	21a. DATE OF DISPOSITION	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION - City or Town, State
☐ Entombment ☐ Donation ☐ Other ☐ Burial ☒ Cremation ☐ Removal	Dec. 30, 1994	Larkin Sunset Lawn Cemetery	Salt Lake County - Salt Lake City, Utah

22. SIGNATURE OF FUNERAL SERVICE LICENSEE	23. LICENSEE NUMBER	24. FUNERAL HOME (Name, address and license number)
▶ [signature]	22-113395	# 81 - 100908 LARKIN MORTUARY 260 East South Temple Street Salt Lake City, Utah 84111-1274

CERTIFIER

25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN: 27 DEC 1994

26. If not certified by medical examiner, was death reported to M.E.? ☐ Yes ☒ No. If yes, enter the date and hour reported. M.E. Case No. HOUR MO DAY YEAR

27a. CERTIFIER

☒ CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

☐ MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.

27b. SIGNATURE AND TITLE OF CERTIFIER	27c. LICENSE NUMBER	27d. DATE SIGNED (Mo., Day, Yr.)
▶ [signature] James Cecil, M.D.	71-162388-1205	DEC. 30 1994

28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type print): 1001 EAST SOUTH TEMPLE #303 SALT LAKE CITY, UTAH 84102

REGISTRAR

29. REGISTRAR'S SIGNATURE ▶ [signature] USBO

30. DATE FILED (Month, Day, Year): Dec. 30, 1994

CAUSE OF DEATH

31. PART I. ENTER THE DISEASES, INJURIES, 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. CHRONIC RENAL FAILURE ETIOLOGY UNKNOWN	1 YR 4 MOS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	b. [illegible] DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I: CHRONIC RESPIRATORY FAILURE ETIOLOGY UNKNOWN

32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: ☐ Probably contributed to the cause of death ☐ Was the underlying cause of death ☒ Did not contribute to the cause of death ☐ Is unknown in relation to the cause of death ☐ NON-USER

33a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No

34. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined if Injured Purposely or Accidentally ☐ Pending Investigation

35a. DATE OF INJURY (Month, Day, Year)	35b. TIME OF INJURY (24 Hour Clock)	35c. INJURY AT WORK? ☐ Yes ☐ No	35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)

35e. LOCATION (Street or rural route number, city or town, county and state)

35g. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.

35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)

SDH-BVR 95 (11/98)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: AUG 12 1999

County — Salt Lake

Registrar [signature]

Barry E. Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS
By Ellen Freeman

L112510 Book 328 Page 283A

THE GREAT SEAL OF THE STATE OF UTAH 1847 1896

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

EXHIBIT A

described as follows:

Lots Thirteen (13), Fourteen (14), Fifteen (15), Sixteen (16) and Seventeen (17) in Block Sixteen-A (16-A), APN 01-073-01;

and

Lot Eighteen (18), in Block Sixteen-B (16-B), APN 01-072-02.

TOGETHER with all buildings and improvements situate thereon.

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

BOOK 328 PAGE 283
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Charles J. Caccaro
99 AUG 16 PM 4:12
EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FEE $ 9.00
FILE NO.
172521

BOOK 328 PAGE 284

DECLARATION OF VALUE
Eureka COUNTY, NEVADA

Recording Date 8-16-99 Book 328 Page 283 Instrument # 172521

Full Value of Property Interest Conveyed $ _____

Less Assumed Liens & Encumbrances -- _____

Taxable Value (NRS 375.010, Section 4) $ _____

Real Property Transfer Tax Due $ 0

If exempt, state reason. NRS 375.090, Section 8. Explain:
Transfer to a Trust

☐ Escrow Holder only: Check if Real Property Transfer Tax is to be deferred under NRS 375.030, Section 3.

INDIVIDUAL	ESCROW HOLDER
Under penalty of perjury, I hereby declare that the above statements are correct.	Under penalty of perjury, I hereby declare that the above statements are correct to the best of my knowledge based upon the information available to me in the documents contained in the escrow file.
Charles F. Viviano Signature of Declarant	Signature of Declarant
CHARLES F. VIVIANO Name (Please Print)	Name (Please Print)
2111 EAST 3900 SOUTH Address	Escrow Number
SALT LAKE CITY, UT. 84124 City State Zip	Firm Name Address City State Zip

• Tax paid for the above transfer per NRS 375.030 Sec. 3 on 8/16/99

Nevada Legal Forms, Inc. (702) 870-8977 • Declaration of Value • DEC 102-2 NCR
C 1992 • 940613 • 20 pk