

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF CLARK } ss.

MARTHA BLEAK, being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is the person named as one of the grantees in that certain deed recorded Jan. 17, 1977, as Document No. 59033, in Book -19-, Page 303, of Official Records, in the office of the County Recorder of Lincoln County, State of Nevada

That Charles Edgar Bleak was one of the grantees named in said deed and was the identical person named as Charles Edgar Bleak, the decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.

Martha Bleak
Martha Bleak

SUBSCRIBED AND SWORN to before me
this 29 day of June, 1978.

[Signature]
NOTARY PUBLIC in and for said
County and State

No. 62274
FILED AND RECORDED AT REQUEST OF
Nancy L. Carson
July 5, 1978
AT 20 MINUTES PAST 12 O'CLOCK
P. M. IN BOOK 26 OF OFFICIAL
RECORDS, PAGE 109 LINCOLN
COUNTY, NEVADA.

DOMINICK BELINGHERI
COUNTY RECORDER
[Signature] Deputy

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

3600 5928

1. NAME OF DECEASED—FIRST NAME Charles		2. MIDDLE NAME Edgar		3. LAST NAME Bleak		4. DATE OF DEATH—MONTH DAY YEAR 12/31/76		5. HOUR 12:07	
6. SEX Male		7. COLOR OR RACE White		8. BIRTHPLACE Nevada		9. DATE OF BIRTH 9/29/13		10. AGE 63	
11. NAME AND BIRTHPLACE OF FATHER Ollie Bleak - Unknown					12. MOTHER NAME AND BIRTHPLACE OF MOTHER Unknown - Unknown				
13. CITIZEN OF WHAT COUNTRY U.S.A.		14. SOCIAL SECURITY NUMBER [REDACTED]		15. MARRIAGE STATUS Married		16. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIED) Martha Wombolt			
17. LAST OCCUPATION Operating Eng.		18. INDUSTRY 14		19. NAME OF LAST EMPLOYING COMPANY OR FIRM Reynolds Electric		20. KIND OF INDUSTRY OR BUSINESS Heavy equipment			
21. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION (FACILITY) Harroons Trailer Court A-11									
22. CITY OR TOWN Big Bear Lake			23. COUNTY San Bernardino			24. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) North Shore Drive			25. INDUSTRY CORPORATE LIMITS No
26. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 99 Main St.					27. CITY OR TOWN Pioche		28. COUNTY Lincoln		29. STATE Nevada
30. USUAL RESIDENCE—CITY OR TOWN Pioche					31. COUNTY Lincoln		32. STATE Nevada		33. NAME AND MAILING ADDRESS OF INFORMANT Martha Bleak P.O. Box 371 Pioche, Nevada 92043
34. CORONER'S INVESTIGATION Investigation		35. PHYSICIAN'S SIGNATURE Bill Hill Corper		36. DATE SIGNED 12/31/76		37. ADDRESS 404 N. Sierra Way San Bernardino, CA		38. SIGNATURE OF STATE REGISTRAR [Signature]	
39. NAME OF FUNERAL DIRECTOR OR LOCAL REGISTRAR Dig Bear Mortuary		40. DATE 1/4/1977		41. NAME OF CEMETERY OR CREMATORY Panaca Cemetery		42. SIGNATURE OF STATE REGISTRAR [Signature]		43. LICENSE NUMBER 5307	
44. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Acute Myocardial Infarct DUE TO OR AS A CONSEQUENCE OF (B) Arteriosclerotic Heart Disease IMMEDIATE CAUSE (C) None DUE TO OR AS A CONSEQUENCE OF (D) None									
45. PART II. OTHER SIGNIFICANT CONDITIONS—CONTINUING TO DEATH AND NOT PLACED TO THE IMMEDIATE CAUSE OF DEATH None									
46. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE None		47. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) None		48. INJURY AT WORK None		49. DATE OF INJURY—MONTH DAY YEAR None		50. HOUR None	
51. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) None									
52. DESCRIBE HOW INJURY OCCURRED (IN CASE OF SUICIDE OR HOMICIDE, DESCRIBE HOW SUICIDE OR HOMICIDE OCCURRED) None									
STATE REGISTRAR									

This must be in fact to be a "CERTIFIED COPY"

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN RED.

Louis E. Mahoney
LOUIS E. MAHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH

