

attached hereto as **Exhibit 1**. The decedent was one of the Grantees and named in said Deed.

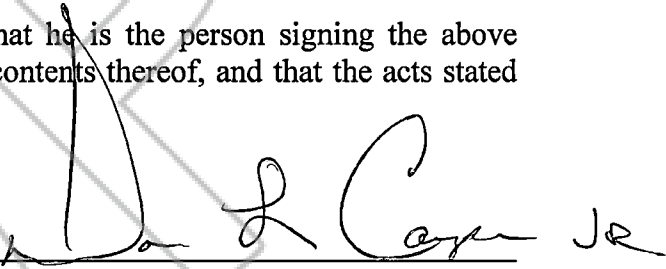
4. This affidavit is made for the purpose of terminating the joint tenancy between Affiant and the aforementioned decedent in the within described property, said title now vesting solely in DON L. CANEPA JR., an unmarried man.

Dated this 17 day of October, 2023.

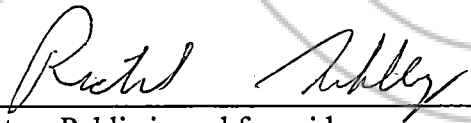

DON L. CANEPA JR.

STATE OF NEVADA)
) ss:
COUNTY OF Washoe)

The undersigned, being duly sworn says: that he is the person signing the above document, that he has read the same, and know the contents thereof, and that the acts stated therein are true.


DON L. CANEPA JR.

Subscribed and sworn to or affirmed before me on this 17th day of October, 2023, by DON L. CANEPA JR., personally known to me or proven to me on the basis of satisfactory evidence to be the person who appeared before me.


Notary Public in and for said
County and State

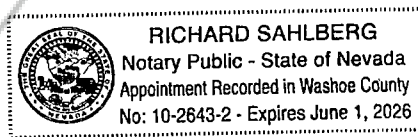
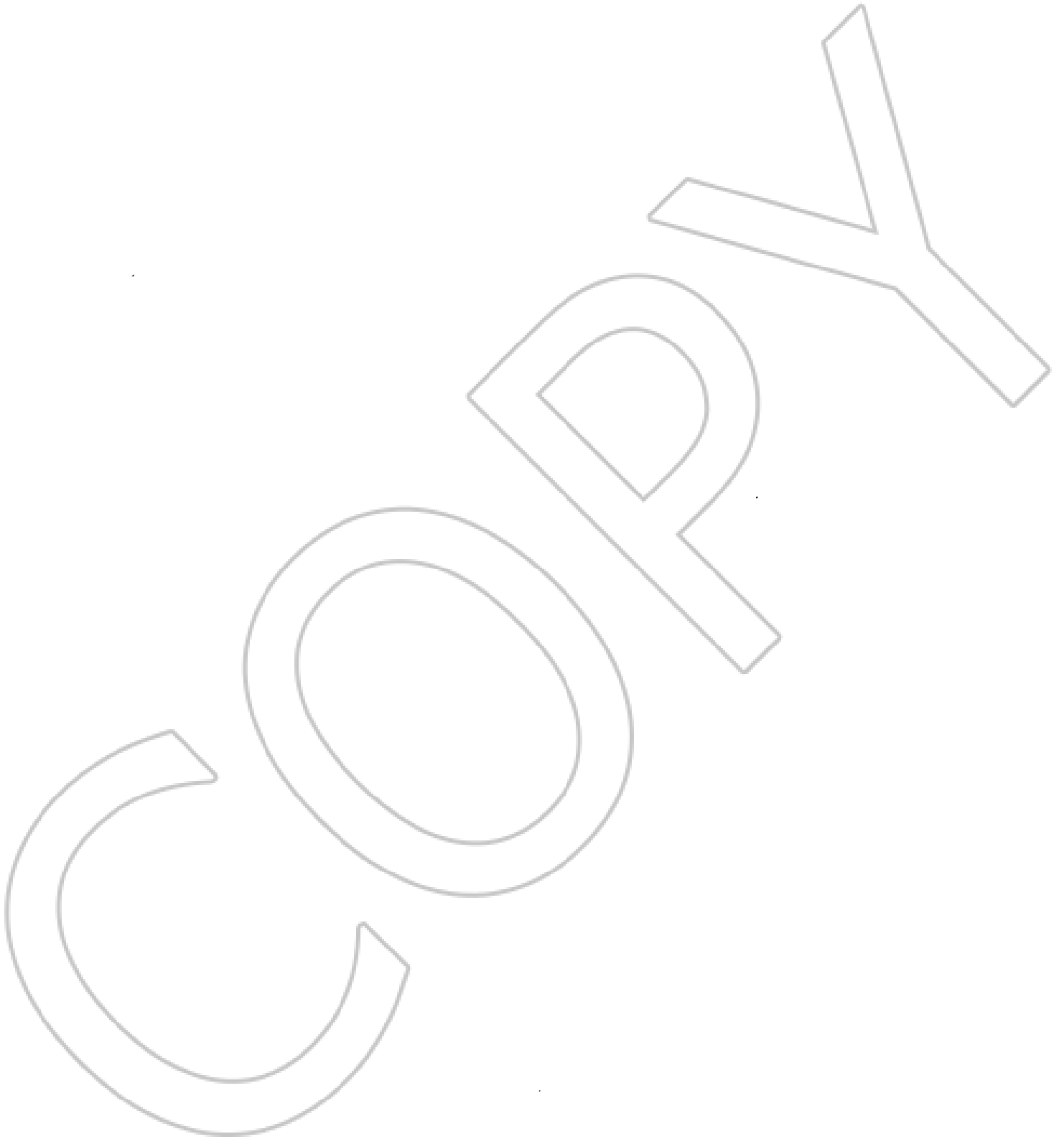


Exhibit 1



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4335374

CERTIFICATE OF DEATH

2023003903
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

PARENTS

POSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Dale Lee CANEPA Sr.		2. DATE OF DEATH (Mo/Day/Year) February 18, 2023		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Pioche		3c. HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street and number) HOME		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 10, 1947		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 10		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
HEAVY EQUIPMENT OPERATOR		MINING		Ever in US Armed Forces? No	
15a. RESIDENCE STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER HOME		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Chester Stephano CANEPA	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence Dolly PANSER		18a. INFORMANT - NAME (Type or Print) Kari Lee WADSWORTH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 109 South Harding Avenue Johnstown, Colorado 80534	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Pioche Public Cemetery		19c. LOCATION City or Town State Pioche Nevada 89043	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BODIE L TOPHAM SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD959		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DATHAN P. LEWIS SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) February 24, 2023		21c. HOUR OF DEATH 05:47		22a. PRONOUNCED DEAD (Mo/Day/Yr) February 18, 2023	
22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour) 05:47	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Dathan P. Lewis PO Box 570 Pioche, NV 89043			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 24, 2023	
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) Gunshot Wound To Chest DUE TO, OR AS A CONSEQUENCE OF: (b) Small Cell Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (c) Metastatic Liver Disease DUE TO, OR AS A CONSEQUENCE OF: (d)			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) February 18, 2023		28c. HOUR OF INJURY 0547	
28d. DESCRIBE HOW INJURY OCCURRED Single Gunshot Wound To Chest		28e. INJURY AT WORK (Specify Yes or No) Yes		28f. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify) Home	
28g. LOCATION 105 Main St		STREET OR R.F.D. No.		CITY OR TOWN Pioche	
STATE Nevada					



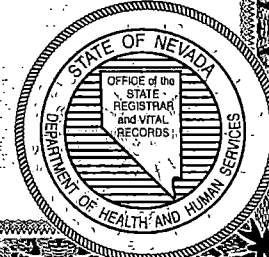
CERTIFIED COPY OF VITAL RECORDS

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: **7/14/2023**

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

Cody P. Lewis
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE