## 140293

## TERMINATION OF JOINT TENANCY

1	IDMINATION OF COINT IDMINOT
2	STATE OF NEVADA ) : ss. AFFIDAVIT
3	: ss. AFFIDAVIT COUNTY OF EUREKA )
4	DORIS A. SMITH Of Crescent Valley, Nevada being first
5	duly sworn, deposes and says: That Thomas O. Smith died at Winnemucca, Nevada on the
6	9th day of February, 1992, leaving real property in Eureka County in Crescent Valley, Nevada, which held in joint tenancy, with right
7	of survivorship, with Doris A. Smith. That said real property is described as follows:
8	Township 30 North, Range 48 East, M.D.B. & M.,
9	Section 33: S1/2SE1/4NW1/4
10	That certificate of death of Thomas O. Smith is attached hereto and made a part of this affidavit for termination of joint
11	tenancy.
12	
13	Dated this 25 day of March, 1992
14	
15	Donis a Smeth
16	Doris A. Smith
17	Subscribed and sworn to before me this 300 day of <i>March</i> , 1992 MARCIA ELLIOTT
18	Marcia Elliott Notary Public - State of Nevada
19	NOTARY PUBLIC  MY APPOINTMENT EXPIRES DEC. 20, 1993
20	
21	
22	
23	
24	
25	
26	
V.	



## STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS



STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

RECORDING STATE COUNTY.  STATE OF STATE STATE FOR MODIFICATION OF STATE
SOULL SECURITY NUMBER  USUAL COLOMPTON (OR DECEMPTON OR DECEMPTON OR DECEMPTON OR ALSENESS OR INCUSTRY  Working Lise. Sever Least Service)  May Mechanic  Int. Mine  NEGODING—STATE  COUNTY  INCOMPTON CALCOURTON  INCOMPTON CALCOURTON  INSTANCE STATE  SOULL SECURITY  INCOMPTON CALCOURTON  INSTANCE STATE  INCOMPTON CALCOURTON  INSTANCE FIRST AND NUMBER  INSTANCE OF THE STATE OCCURITY  IN MODIO  IN MOTHER PARAMETER AND NUMBER  INSTANCE OF THE STATE OCCURITY  IN MOTHER PARAMETER AND NUMBER  IN MOTHER PARAMETER
SOCIAL SECURITY NAMEER    SIGNAL SECURITY NAMEER   SUBJECT   STATE   SOUNTS   SOUNTS   STATE   SOUNTS
Thomas otho Smith St.   Sinet Models   Sure Real   S
FATHER-MAME First Micros  19. Thomas Otho Smith Str.  19. Lota Edith Wilson  INFORMANT-NAME (figure a front)  19. Lota Edith Wilson  INFORMANT-NAME (figure a front)  19. Doris Smith  19. P.O. Box- 44 Crescent Valley, Nevada 898  BURIAL CREMATION, REMOVAL OTHER (Seach)  19. Cremation, REMOVAL OTHER (Seach)  19. Sunset Crematory  19. Sunset Crematory  19. Sunset Crematory  19. Cre
BECHEARNT - NAME (Type or Point)   NAME AND ADDRESS   Street or A F.D. No., City or Tomor. State. Zip)
BURIAL CREMATION. REMOVAL OTHER (Speech)  198. CTEMBATION  198. CTEMBATOR  198. SURSet CTEMBATORY  198. EIKO, Nevada  700. PUNERAL DIRECTOR. SOCIATIVE  198. EIKO, Nevada  700. PUNERAL DIRECTOR. NAME AND ADDRESS OF FACILITY  198. EIKO, Nevada  700. 44  700. April 198. EIKO, Nevada  700. 44  700. April 198. EIKO, Nevada  700. April 198. A
FUNERAL DIRECTOR—SIGNATUre  COPPUSED A COLOR STATEMENT  20a 9  271. To the best of my incovelege, death occurred at the time, date and place and  272. To the best of my incovelege, death occurred at the time, date and place and  273. To the best of my incovelege, death occurred at the time, date and place and  274. To the best of my incovelege, death occurred at the time, date and place and  275. Signature and Tale)  276. Signature and Tale)  276. Signature and Tale)  276. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or France)  276. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  276. Terri Pilikian—Humboldt Co, Dep. Coroner,—Winnemucca, Nevada  276. Part Order of Beath of the Cause Per Live FOR (a), (b), AND (c))  276. DATE RECEIVED BY REGISTRAR (A6, Dey, Yr.) DEATH DUE TO COMMUNICABLE DISEA  276. INMEDIATE CAUSE  276. POLITICAL CAUSE  277. PART ONLY ONE CAUSE PER LIVE FOR (a), (b), AND (c))  278. INMEDIATE CAUSE  279. ON FED. 10, 1992  279. Signature  270. ON FED. 10, 1992  270. Interval between  270. ON FED. OR AS A CONSEQUENCE OF  270. OUR TO, OR AS A CONSEQUENCE OF  270. OUR TO, OR AS A CONSEQUENCE OF  270. OUR TO, OR AS A CONSEQUENCE OF  270. OUR FED. OR AS A CONSEQUENCE OF  270. OUR F
20. To the best of my knowledge, death occurred at the time, date and piece and give and give to the caused place and give to the give to the caused place and give to the give to give to the give to give the give to the give to give the give to the give to the give to give the give to the give to give the give the give to give the give the give the give the give the
Signature and Table   DATE SIGNED (Mg., Day, Yr.)   HOUR OF DEATH   Signature and Table   DATE SIGNED (Mg., Day, Yr.)   HOUR OF DEATH   Signature and Table   DATE SIGNED (Mg., Day, Yr.)   HOUR OF DEATH   Signature   DATE SIGNED (Mg., Day, Yr.)   PRONOUNCED DEAD (Mg., Day, Yr.)   DEATH DUE TO COMMUNICABLE DISEA (Mg., Day,
DATE SIGNED (MA), Day, Yr.)  210.  2
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  22d. ON Feb. 9, 1992  22d. AT 9:35  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  12a. Teri Pilikian—Humboldt Co. Dep. Cotoner,—Winnemucca, Nevada  23b.  REGISTRAR  12d. (Signature)  24c. YES   NOXIX  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (s), (b), AND (s))  12s. Teri Pilikian—Humboldt Co. Dep. Cotoner,—Winnemucca, Nevada  24c. YES   NOXIX  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (s), (b), AND (s))  12d. Feb. 10, 1992  24c. YES   NOXIX  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (s), (b), AND (s))  12d. Feb. 10, 1992  24c. YES   NOXIX  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (s), (b), AND (s))  12d. Feb. 10, 1992  24c. YES   NOXIX  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (s), (c))  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (s), (d)). AND (s), (d) AND
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print.)  23a. Teri Pilikian—Humboldt Co. Dep. Coroner,—Winnemucca, Nevada 25b.  REGISTRAR    DATE RECEIVED BY REGISTRAR (Mo. Dey, Yr.) DEATH DUE TO COMMUNICABLE DISEA  24a. (Signature)   24b. Feb. 10, 1992   24c. YES   NOTX  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)).    PART   (a)
DATE RECEIVED BY REGISTRAR (MG. Dey, Yr.) DEATH DUE TO COMMUNICABLE DISEA  24a. (Signature)  24b. Feb. 10, 1992  24c. YES   NOWX  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  PART (a) Metastatic Carcinoma  (b) OUE TO, OR AS A CONSEQUENCE OF  (c) Undervise between  (b) OUE TO, OR AS A CONSEQUENCE OF  (c) Undervise between  (d) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death) but not resulting in the underlying cause given in Part   AUTOPSY (Soecify Was CASE REF. No. 27, Yes No.)  26. NO PENDING INVEST:  (Specify Yes of No.)  286. 286. 10 PLACE OF INJURY—At home, farm, street, lactory office. 12 COGATION. STREET OR R.F.O. No. CITY-OR TOWN  (Specify Yes of No.)  286. 286. 286. 286. 286. 286. 286. 287. 377. 378. 286. 286. 286. 286. 286. 286. 286. 28
24a. (Signature)  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  PART. (a) Metastatic Carcinoma  Mos.  DUE TO, OR AS A CONSEQUENCE OF:  (b)  OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part.   AUTOPSY (Specify Ves o' No) CORONER (See O' No) CORONER (See O' No) PART.   J.
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AMD (c).)  PART: (a) METASTATIC CATCINOMA  DUE TO, GRAS A CONSEQUENCE OF  [b]  OUE TO, OR AS A CONSEQUENCE OF  [c]  OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part   AUTOPSY (Specify Was CASE REF LIP)  ACC., SUICIDE, HOM, UNDEST, DATE OF INJURY (ACD), YZ HOUR OR INJURY:   DESCRIBE HOW INJURY OCCURRED.  OR PENDING INVEST:   286   286   286   286   286   286   286   287   286   28
DUE TO, OR AS A CONSEQUENCE OF:    Column
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1 AUTOPSY (Specify Was CASE REF (Ves or No) 27. Yes ACC., SUICIDE, HOM, UNDEST, DATE OF INJURY (AC. Day, YZ) HOUR OF INJURY (Specify 28. Sec. M. 26d.  286. Who was CASE REF (CORONER (Specify 27. Yes) 28. No. 27. Yes ACC., SUICIDE, HOM, UNDEST (Specify 28. Sec. M. 26d.  288. Sec. Suicide (Specify 28. Sec. M. 26d.  (Specify Yes of No) PLACE OF INJURY—At home, farm, street, factory, office (Specify Yes of No) 28f. Street Of No. STREET OR R.F.D. No. CITY OR TOWN (Specify Yes of No) 28f. Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec
ACC, SUICIDE, HOM, UNDET, DATE OF INJURY MALCH, MY HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED  OR PENDING INVEST  (Specify 1 28b 286 286 M. 26d 286 M. 26d 288 PLACE OF INJURY—A home, farm, street, factory; office: LOGATION. STREET OR R.F.D. No. CITY OR TOWN (Specify Yes or No): // 28c
ACC, SUICIDE, HOM, UNDET, DATE OF INJURY MALCH, MY HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED  OR PENDING INVEST  (Specify 1 28b 286 286 M. 26d 286 M. 26d 288 PLACE OF INJURY—A home, farm, street, factory; office: LOGATION. STREET OR R.F.D. No. CITY OR TOWN (Specify Yes or No): // 28c
Specify   28b   28c   M   2ed
INJURY AT WORK PLACE OF INJURY—At home, farm, street, fectory office: LOGATION STREET OR R.F.O. No. CITY-OR TOWN (Specify Yes of No):  28e 28f
and the second of the second o
This is to certify that the above is a true and correct copy  By:
of the certificate on file in this office.  Date Issued: FEB 1 4 1992 Deputy Registrar

