AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) SS.
COUNTY OF EUREKA)

I, **DOROTHY L. MOYLE**, do hereby swear (or affirm) under penalty of perjury that the following assertions of this Affidavit are true.

1. That **DOROTHY L. MOYLE** is the surviving spouse of **GLEN W. MOYLE**, deceased, and the surviving joint tenant of said **GLEN W. MOYLE** in and to the property hereinafter described.

2. That Affiant, **DOROTHY L MOYLE**, and **GLEN W. MOYLE**, deceased, acquired the following described property, as joint tenants with right of survivorship and not as tenants in common, by that certain deed dated the 15th day of November, 1978, and recorded in Book 68 of Official Records at Page 303, in the office of the County Recorder, ~~Elko~~ Eureka County, Nevada, said property being located in the County of Eureka, State of Nevada, and being more particularly described as follows, to wit:

Township 22 North, Range 54 East, MDB&M

Section 19: Lots 1, 2, 3, 4, E½W½

3. That **GLEN W. MOYLE**, being one of the persons described in the foregoing described deed as a grantee and joint tenant, died 20 miles outside of the City of Eureka, County of Eureka, State of Nevada, on the 2nd day of August, 1992. That a certified copy of the death certificate of said **GLEN W. MOYLE** is attached to this Affidavit and made a part hereof.

VAUGHAN & HULL, LTD.
ATTORNEYS AND COUNSELORS
LAW OFFICE CENTER
530 IDAHO STREET
P. O. BOX 1420
ELKO, NEVADA 89803

4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said **GLEN W. MOYLE**, the deceased joint tenant, in and to the foregoing described property, and vesting title thereto solely in Affiant, **DOROTHY L. MOYLE**, as the surviving joint tenant.

Dorothy L. Moyle
DOROTHY L. MOYLE

Subscribed and sworn to before me
this 13th day of April, 1994
by **DOROTHY L. MOYLE**.

Glady Goicoechea
NOTARY PUBLIC

GLADY GOICOECHEA
Notary Public - State of Nevada
Appointment Recorded in Eureka County
MY APPOINTMENT EXPIRES OCT. 28, 1994

VAUGHAN & HULL, LTD.
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ELKO, NEVADA 89803

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

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEDENT

DECEASED—NAME: 1. First: Glen; Middle: Walker; Last: MOYLE

2. DATE OF DEATH (Month, Day, Year): August 2, 1992

3a. COUNTY OF DEATH: Eureka

3b. CITY, TOWN, OR LOCATION OF DEATH: Rural Eureka

3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Residence/ 20 mi. outside of Eureka

If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient (Specify): 7

4. SEX: male

5. RACE—(e.g., White, Black, American Indian, etc) (Specify): white

6. Was Decedent of Hispanic Origin? Specify ☐ yes ☐ no If yes, specify Mexican, Cuban, Puerto Rican, etc.: no

7a. AGE—Last Birthday (Years): 53

7b. UNDER 1 YEAR MOS : DAYS :

7c. UNDER 1 DAY HOURS : MINS :

8. DATE OF BIRTH (Mo., Day, Yr.): July 28, 1939

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

9a. STATE OF BIRTH (If not U.S.A., name country): Utah

9b. CITIZEN OF WHAT COUNTRY: USA

10. Decedent's Education. Specify highest grade completed.: 12

11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

12. SURVIVING SPOUSE (If wife, give maiden name): Dorothy Nelson

13. SOCIAL SECURITY NUMBER: [redacted]

14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Farmer

14b. KIND OF BUSINESS OR INDUSTRY: Farming

15a. RESIDENCE—STATE: Nevada

15b. COUNTY: Eureka

15c. CITY, TOWN, OR LOCATION: Rural Eureka

15d. STREET AND NUMBER: R.F.D

15e. INSIDE CITY LIMITS (Specify Yes or No): NO

PARENTS

16. FATHER—NAME First: Henry; Middle: LaMar; Last: Moyle

17. MOTHER—MAIDEN NAME First: Edna; Middle: ; Last: Walker

18a. INFORMANT—NAME (Type or Print): Dorothy Moyle

18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): P.O. Box 24 Eureka, Nevada 89316

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Removal/ Burial

19b. CEMETERY OR CREMATORY—NAME: Alpine City Cemetery

19c. LOCATION City or Town: Alpine State: Utah

20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): [signature]

20b. FUNERAL DIRECTOR LICENSE NUMBER: 7

20c. NAME AND ADDRESS OF FACILITY: 07 Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title)

21b. DATE SIGNED (Mo., Day, Yr.)

21c. HOUR OF DEATH

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be completed by Coroner's Office

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) and manner stated.
(Signature and Title): [signature]

22b. DATE SIGNED (Mo., Day, Yr.): August 6, 1992

22c. HOUR OF DEATH

22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON: Aug. 2, 1992

22e. PRONOUNCED DEAD (Hour) AT: 11:15 PM

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.): Kenneth E. Jones, P.O. Box 736, Eureka, Nevada 89316

23b. LICENSE NUMBER

24a. REGISTRAR (Signature): Duen Thomas

24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 8/10/92

24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

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

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) Miocardial Infarction — Interval between onset and death: 12 hours

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

410

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): no

27. WAS CASE REFERRED TO CORONER (Specify Yes or No): yes

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)

28b. DATE OF INJURY (Mo., Day, Yr.)

28c. HOUR OF INJURY M

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

No. 036780

This is to certify that the above is a true and ~~correct~~ copy of the certificate on file in this office.

STATE REGISTRAR

By: [signature] Deputy Registrar

Date Issued: SEP 09 1992

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

BOOK 267 PAGE 598

BOOK 267 PAGE 596
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Dorothy L. Moyle
'94 APR 13 A9:44

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEE $ 10.00
152153