

AFFIDAVIT TERMINATING JOINT TENANCY

152153

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, ~~Eureka~~ ^{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

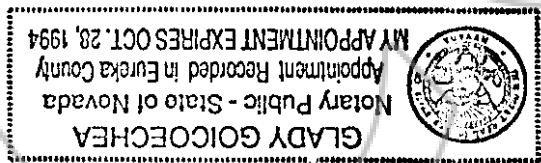
3. That GLEN W. MOYLE, being one of the persons described in the foregoing described deed as a grantee and joint tenant, died 20 miles outside of the City of Eureka, County of Eureka, State of Nevada, on the 2nd day of August, 1992. That a certified copy of the death certificate of said GLEN W. MOYLE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



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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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME (First, Middle, Last) Glen Walker MOYLE		2. DATE OF DEATH (Month, Day, Year) August 2, 1992	
3. COUNTY OF DEATH Eureka		4. SEX male	
5. RACE (e.g., White, Black, American Indian, etc.) (Specify) white		6. WAS DECEASED OF HISPANIC ORIGIN? (Specify) ☐ yes ☒ no	
7. CITIZEN OF WHAT COUNTRY USA		8. DECEASED'S EDUCATION. Specify highest grade completed. 12	
9. SOCIAL SECURITY NUMBER [REDACTED]		10. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) Farmer	
11. RESIDENCE—STATE Nevada		12. CITY, TOWN, OR LOCATION Rural Eureka	
13. FATHER—NAME (First, Middle, Last) Henry Lamar Moyle		14. MOTHER—MAIDEN NAME (First, Middle, Last) Edna Walker	
15. INFORMANT—NAME (Type or Print) Dorothy Moyle		16. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 24 Eureka, Nevada 89316	
17. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		18. CEMETERY OR CREMATORY—NAME Alpine City Cemetery	
19. FURNERAL DIRECTOR—NAME (Type or Print) Burns Funeral Home, Inc., P.O. Box 689 Elko, NV 89803		20. LICENSE NUMBER 7	
21. DATE SIGNED (Mo., Day, Yr.) August 6, 1992		22. HOUR OF DEATH 11:15 PM	
23. 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		24. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 8/10/92	
25. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c)) Myocardial Infarction		26. DUE TO, OR AS A CONSEQUENCE OF: (a) 12 hours (b) 410 (c) 410	
27. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Interval between onset and death		28. AUTOPSY 26. NO 27. YES	
29. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY PLACE OF INJURY (Home, farm, school, factory, office, building, etc.) (Specify)		30. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
31. INJURY AT WORK (Specify Yes or No)		32. DATE ISSUED: SEP 09 1992	
33. BY: [Signature] Deputy Registrar		34. No. 036780	
35. WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.		36. BOOK 26 / PAGE 598	

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RECORDED AT THE REQUEST OF
Dorothy L. Moyle
94 APR 13 A9:44
EUREKA COUNTY, NEVADA
M.N. REBALCATTI, RECORDER
FILE NO. 152153
FEE \$10.00

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