

# Affidavit-Termination of Joint Tenancy (Death of a Joint Tenant)

I, GERDA S. WALLIS, the Affiant,  
being of legal age, and being first duly sworn, deposes and says:

That DELBERT B. WALLIS, the decedent  
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as DELBERT B. WALLIS,  
(Deceased Name as shown on Deed)

named as one of the parties in that certain WARRANTY DEED,  
(Type of Document)

dated on the 29<sup>th</sup> day of March, 19 79, and executed by F. Janacek and Mae Janacek, known as "Grantor(s)"

to Delbert B. Wallis and Gerda S. Wallis, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. Document # 68836, on the

6<sup>th</sup> day of August, 19 79, in book 71 Page 488, of Official  
Records of Eureka County, Nevada, covering the following described property situated in the City of

Eureka County of Eureka, State of Nevada.  
(Set forth legal description and commonly known street address, if known)

T30N, R48E, Sec 29 M.D.B.&M. SE1/4, NW1/4, NW1/4

ASSESSOR'S PARCEL NO. (APN#) 005-180-41

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed  
the sum of \$ 1000.00

In Witness Whereof, I/We have hereunto set my hand/our hands this 11 day of September, 19 96

(Signature)

(Print or type name here)

(Signature)

(Print or type name here)

STATE OF ~~NEVADA~~ ARIZONA

COUNTY OF maricopa

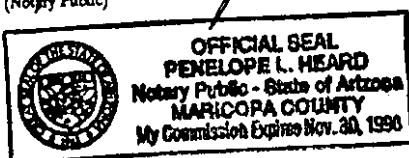
On this 11<sup>th</sup> day of Sept., 19 96  
personally appeared before me, a Notary Public

Gerda S. Wallis

personally known to me to be the person whose name(s) is subscribed  
to the above instrument who acknowledged that he executed  
the instrument.

(Notary Public)

(Notary Stamp)



## RECORDING REQUESTED BY AND MAIL TO

NAME  
ADDRESS  
CITY/ST/ZIP

Gerda Wallis  
3539 W. El Caminito Dr.  
Phoenix, AZ 85051  
PH: (602) 242-5550

NAME  
ADDRESS  
CITY/ST/ZIP

If applicable mail tax statements to  
Gerda Wallis  
3539 W. El Caminito Dr.  
Phoenix, AZ 85051  
PH: (602) 242-5550

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

# CERTIFICATION OF VITAL RECORD

## STATE OF ARIZONA

ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH  
DEATH NO.  
D 102-

NAME OF DECEASED A. FIRST DELBERT B. MIDDLE BENJAMIN C. LAST WALLIS			SEX 2 MALE	DATE OF DEATH 3 NOVEMBER 21, 1993 MONTH DAY YEAR		
RACE (e.g., white, black, American Indian, [specify tribe] etc.) SPECIFY: A. WHITE		WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) B. NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C.		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. YES
PLACE OF BIRTH A. COUNTY MARICOPA	B. TOWN OR CITY PHOENIX	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) JOHN C. LINCOLN HOSPITAL		D. DOA OP EMER. IN PATIENT		
DATE OF BIRTH MONTH DAY YEAR FEBRUARY 6, 1925	AGE (YEARS LAST BIRTHDAY) 8A. 68	IF UNDER 1 YEAR MOS. DAYS B.	IF UNDER 1 DAY HRS. MIN. C.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8. MARRIED		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. GERDA SCHUTTE
STATE AND CITY OF BIRTH (If not in USA, name country) PERKINS, OK	CITIZEN OF WHAT COUNTRY? 12. U.S.A.	SOCIAL SECURITY NO. 13. [REDACTED]		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. MECHANIC		KIND OF BUSINESS OR INDUSTRY B. RAILROAD
USUAL RESIDENCE A. STATE ARIZONA	B. COUNTY MARICOPA	C. TOWN OR CITY PHOENIX	D. ZIP CODE 85051	HOW LONG IN ARIZONA? 16. 25 YEARS		EDUCATION HIGHEST GRADE COMPLETED 17. COLLEGE (1-4 or 5+) A. 12 B. 1
STREET ADDRESS OR R.F.D. 3539 W. EL CAMINITO		INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. YES	ON RESERVATION (SPECIFY Yes or No) 15G. NO	PREVIOUS STATE OF RESIDENCE 18. IDAHO		
FATHER'S NAME A. FIRST JOHN B. MIDDLE E. C. LAST WALLIS		MOTHER'S MAIDEN NAME A. FIRST HULDA B. MIDDLE C. LAST RICHARDSON		ADDRESS STREET NO. CITY AND STATE ZIP CODE 23. 3539 W. EL CAMINITO PHOENIX, AZ 85051		
DECEASED'S SIGNATURE by D. Y. Smith GERDA WALLIS		RELATIONSHIP TO DECEASED 22. WIFE		ADDRESS STREET NO. CITY AND STATE ZIP CODE 23. 3539 W. EL CAMINITO PHOENIX, AZ 85051		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 4. BURIAL		DATE 25. 11-26-93	CEMETERY OR CREMATORY NAME AND LOCATION PHOENIX MEMORIAL PARK CEMETERY - PHOENIX, ARIZONA		EMBALMER'S SIGNATURE CERT. NO. 39618 FUNERAL DIRECTOR or person acting as such (SIGNATURE) CERT. NO. 24418	
FUNERAL HOME NAME STREET ADDRESS CITY AND STATE GREER-WILSON FUNERAL HOME 5921 W. THOMAS RD. PHOENIX, AZ						
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 30. SIGNATURE AND TITLE DATE SIGNED (Mo., Day, Year) 31. NOVEMBER 23, 1993 32. HOUR OF DEATH 2030 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 33.				ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 34. SIGNATURE AND TITLE DATE SIGNED (Mo., Day, Year) 35. PRONOUNCED DEAD (Mo., Day, Year) 37. ON 38. AT		
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 39. HOWARD M. SHULMAN 5036 W. OLIVE GLENDALE				AUTHORIZED FOR CREMATION (Specify Yes or No) 40. Yes No		
DATE REGISTERED DEC 02 1993		REG. FILE NO. 43. 17996	REGISTRAR'S SIGNATURE 44. [Signature]	REG. DISTRICT 45. 0703	DATE REC'D. IN STATE OFFICE 46.	
PART I A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) 1. MYASTHOLE B. DUE TO OR AS A CONSEQUENCE OF: 2. MYOCARDIAL INFARCTION C. DUE TO OR AS A CONSEQUENCE OF:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1. 1M 12H 2. 1M 12H		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I DIABETES MELLITUS				AUTOPSY (Specify Yes or No) 49. NO WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. NO		
MANNER OF DEATH 51. NATURAL CAUSES 52. ACCIDENT 53. SUICIDE 54. HOMICIDE 55. PENDING INVESTIGATION 56. UNDETERMINED		DATE OF INJURY MO DAY YR 53. M 54.		INJURY AT WORK? (Specify Yes or No) 55. DESCRIBE HOW INJURY OCCURRED 56. STREET ADDRESS CITY OR TOWN STATE 57.		
SUPPLEMENTARY ENTRIES						

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA  
COUNTY OF MARICOPA

DATE ISSUED

Dec 2, 1993

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Hani R. Saigh  
HANI R. SAIGH  
Chief Deputy County Registrar  
Maricopa County Department of Health Services

BOOK 301 PAGE 214

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BOOK 301 PAGE 213  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Gerda L. Wallis*  
96 OCT -7 AM 9:32

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 9.00

164688

COPY

BOOK 301 PAGE 215