

Attidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)

169610

I, Michael E. Miller, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Queen Idel Miller, the decedent

(Decedent Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as Queen I. Miller

(Decedent Name as shown on Deed)

named as one of the parties in that certain Joint Tenancy Deed

(Type of Document)

dated on the 8th day of November, 19 93, and executed by

Cattlemen's Title Guaratee, known as "Grantor(s)"

to Michael E. Miller and Queen I. Miller, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 147426, on the

10th day of November, 19 93, in book 255 page 214, of Official

Records of Eureka County, Nevada, covering the following described property situated in the City of

Records of Eureka County, Nevada, County of Eureka, State of Nevada.

(Set forth legal description and commonly known street address, if known)

Lot 22, Block 12, Crescent Valley Ranch & Farms, Unit I

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 \$

In Witness Whereof, I/We have hereunto set my hand/our hands this

26th day of January, 19 98

(Signature) Michael E. Miller

(Signature) Michael E. Miller

(Print or type name here)

(Print or type name here)

STATE OF NEVADA

COUNTY OF EUREKA

On this 26th day of January, 19 98, personally appeared before me, Notary Public Michael E. Miller

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) Gladys Goicoechea



GLADYS GOICOECHEA
Notary Public - State of Nevada
Appointment Recorded in Eureka County
MY APPOINTMENT EXPIRES OCT. 28, 1998

BOOK 3

7 PAGE 4

BOOK PAGE
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
98 JAN 26 PM 2: 27
EUREKA COUNTY NEVADA
M. NEHALATI, RECORDER
FILE NO. FEES

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

RECORDING REQUESTED BY AND MAIL TO

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ADDRESS

CITY/ST/ZIP

If applicable mail tax statements to

NAME

ADDRESS

CITY/ST/ZIP

OFFICIAL RECORDS
RECORDED AT THE REQUEST OF

98 JAN 26 PM 2: 27

EUREKA COUNTY NEVADA
M. NEHALATI, RECORDER
FILE NO. FEES

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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

22,719 (150)

STATE FILE NUMBER

TYPE
OR PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME Queen Middle Last Miller 2 October 18, 1997 3a. Elko	3b. CITY, TOWN, OR LOCATION OF DEATH Elko	3c. HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) Elko General Hospital 3e. Emer. Rm. 3d. Female	4. DATE OF BIRTH (Mo., Day, Yr.) 8 March 28, 1934	5. RACE—(e.g., White, Black, American, Indian, etc) (Specify) White	6. Was Decedent of Hispanic Origin? Specify Yes or No, if not either, give street and number. No	7a. AGE—Last Birthday (Years) 7a. 63	7b. AGE—Last Birthday (Years) 7b. 63	7c. AGE—Last Birthday (Years) 7c. 63	7d. AGE—Last Birthday (Years) 7d. 63	8. DATE OF BIRTH (Mo., Day, Yr.) 8 March 28, 1934	9a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED (Specify) MARRIED	9b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED (Specify) MARRIED	10. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) USA	11. SOCIAL SECURITY NUMBER Nevada	12. SOCIAL SECURITY NUMBER Michael Miller	13. RESIDENCE—STATE, COUNTY, CITY, TOWN, OR LOCATION Nevada Eureka 15b. Crescent Valley	14. RESIDENCE—STATE, COUNTY, CITY, TOWN, OR LOCATION Nevada Eureka 15c. Crescent Valley 15d. 352 3rd. St. 15e. YES	15. FATHER—NAME (First, Middle, Last) Ball Wilson 17. Gladys Van Fleet	16. INFORMANT—NAME (Type or Print) Michael Miller (Husband) 18b. P.O. Box 211043 Crescent Valley, NV 89821	18a. FATHER—NAME (First, Middle, Last) Ball Wilson 17. Gladys Van Fleet	19. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation 19c. Elko Nevada	19a. CEMETERY OR CREMATORY—NAME Sunset Crematory	19b. LOCATION Elko Nevada	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) W. J. D. S.	20b. FUNERAL DIRECTOR—NAME AND ADDRESS OF FACILITY Sunset Crematory Nevada 89803	20c. FUNERAL HOME Burns Funeral Home, Inc. P.O. Box 689 Elko, NV	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21b. DATE SIGNED (Mo., Day, Yr.) 11-6-97	21c. HOUR OF DEATH 00:45	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) William Z. Webb Chief Deputy Coroner Elko County, NV	21e. DATE SIGNED (Mo., Day, Yr.) 11-6-97	21f. HOUR OF DEATH 00:45	21g. PRONOUNCED DEAD (Mo., Day, Yr.) 10-18-97	21h. PRONOUNCED DEAD (Hour) 00:45	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. 22b. DATE SIGNED (Mo., Day, Yr.) 11-6-97	22c. HOUR OF DEATH 00:45	22d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) William Z. Webb Chief Deputy Coroner Elko County, NV	22e. LICENSE NUMBER 00:45	23. REGISTAR 23a. William Z. Webb Chief Deputy Coroner Elko County, NV	23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 11-06-97	23c. DEATH DUE TO COMMUNICABLE DISEASE NO	24a. REGISTRAR (Signature) William	24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 11-06-97	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Exsanguination Due to, or as a consequence of: (b) Ulcer Due to, or as a consequence of: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. PART II 26a. ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) 26b. HOUR OF INJURY 26c. M 26d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 26e. INJURY AT WORK (Specify Yes or No) 26f. ACCIDENT (Specify Yes or No)	26g. CITY OR TOWN STATE	26h. STREET OR R.F.D. No. CITY OR TOWN STATE	26i. DATE ISSUED NOV 12 1997 State Registrar Thomas Sykes	26j. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)	26k. INJURY AT WORK (Specify Yes or No)	26l. ACCIDENT (Specify Yes or No)	26m. DATE OF INJURY (Mo., Day, Yr.)	26n. HOUR OF INJURY	26o. M	26p. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)	26q. CITY OR TOWN STATE	26r. STREET OR R.F.D. No. CITY OR TOWN STATE	26s. DATE ISSUED NOV 12 1997 State Registrar Thomas Sykes	26t. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)	26u. INJURY AT WORK (Specify Yes or No)	26v. ACCIDENT (Specify Yes or No)	26w. DATE OF INJURY (Mo., Day, Yr.)	26x. HOUR OF INJURY	26y. M	26z. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)	27. DESCRIBE HOW INJURY OCCURRED	27a. YES <input type="checkbox"/> NO <input type="checkbox"/>	27b. CORONER REFERRED (Specify Yes or No)	27c. YES <input type="checkbox"/> NO <input type="checkbox"/>	27d. INTERVAL BETWEEN ONSET AND DEATH Min.	27e. INTERVAL BETWEEN ONSET AND DEATH	27f. INTERVAL BETWEEN ONSET AND DEATH	27g. INTERVAL BETWEEN ONSET AND DEATH	27h. INTERVAL BETWEEN ONSET AND DEATH	27i. INTERVAL BETWEEN ONSET AND DEATH	27j. INTERVAL BETWEEN ONSET AND DEATH	27k. INTERVAL BETWEEN ONSET AND DEATH	27l. INTERVAL BETWEEN ONSET AND DEATH	27m. INTERVAL BETWEEN ONSET AND DEATH	27n. INTERVAL BETWEEN ONSET AND DEATH	27o. INTERVAL BETWEEN ONSET AND DEATH	27p. INTERVAL BETWEEN ONSET AND DEATH	27q. INTERVAL BETWEEN ONSET AND DEATH	27r. INTERVAL BETWEEN ONSET AND DEATH	27s. INTERVAL BETWEEN ONSET AND DEATH	27t. INTERVAL BETWEEN ONSET AND DEATH	27u. INTERVAL BETWEEN ONSET AND DEATH	27v. INTERVAL BETWEEN ONSET AND DEATH	27w. INTERVAL BETWEEN ONSET AND DEATH	27x. INTERVAL BETWEEN ONSET AND DEATH	27y. INTERVAL BETWEEN ONSET AND DEATH	27z. INTERVAL BETWEEN ONSET AND DEATH
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CAUSE OF DEATH
CERTIFIER
DISPOSITION
PARENTS
DECEDENT
TYPE
OR PRINT
IN
PERMANENT
BLACK INK



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BOOK 3 | PAGE 4 | 4

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BOOK 317 PAGE 412
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