

**Affidavit-Determination of Joint Tenancy**

**170061**

(Death of a Joint Tenant)

I, Cliffon K. Momberg

being of legal age, and being first duly sworn, deposes and says:

That Jaqueline Graves Momberg

(Decedent Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as

Jaqueline C. Momberg

(Decedent Name as shown on Deed)

named as one of the parties in that certain

Deed

(Type of Document)

dated on the 16th day of February, 19 73, and executed by

Gatlemen's Title Guarantree Company, a Nevada corporation

to Cliffon K. Momberg and Jacqueline C. Momberg, known

as "Grantor(s)", as Joint Tenants, and recorded as Instrument No. 57120

on the 22nd day of February, 19 73, in book \_\_\_\_\_ 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)

Section 33, Township 29 North, Range 48 East, M.D.B. & M  
NW1/4SW1/4 Eureka County, Nevada

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 \$ under 500,000.00

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

5th day of May, 19 98

(Signature)  
Cliffon K. Momberg

(Signature)

(Print or type name here)  
Cliffon K. Momberg

(Print or type name here)

STATE OF NEVADA  
COUNTY OF LAKE

On this 5 day of May, 19 98

personally appeared before me, a Notary Public

Cliffon K. Momberg

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)

Cliffon K. Momberg

(Notary Stamp)

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

Cliffon K. Momberg  
708 5th Ave East  
Polson MT 59860

If applicable mail tax statements to

RECORDING REQUESTED BY AND MAIL TO

NAME

ADDRESS

CITY/ST/ZIP

NAME

ADDRESS

CITY/ST/ZIP

I hereby certify that the instrument to which this certificate is attached is a true and correct copy of the original on file or recorded in my office. Witness my hand and seal this 9th day of February, 1998.

STATE OF MONTANA }  
County of LAKE } ss

CLERK & RECORDER

1. DECEASED'S NAME (First, Middle, Last) <b>Jacqueline Graves Mombery</b>		2. RACE - American Indian, Black, White, etc. (Specify) <b>White</b>		3. AGE - Last Birthday (Years), Months, Days <b>67</b>		4. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DVA <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
5. DATE OF DEATH (Month, Day, Year) <b>February 9, 1998</b>		6. COUNTY OF DEATH <b>Lake</b>		7. FACILITY NAME (If not institution, give street and number) <b>Residence-708 5th Ave East</b>		8. BIRTHPLACE (City and State or Foreign Country) <b>Kalispell, Montana</b>	
9. MARRITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		10. SURVIVING SPOUSE (If wife, give maiden surname) <b>Cifton K. Mombery</b>		11. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Educator</b>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <b>NO</b>		14. STREET NUMBER <b>708 5th Ave East</b>		15. RESIDENCE - STATE <b>Montana</b>		16. DECEASED'S EDUCATION (Specify only highest grade completed) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/> Elementary/Secondary (0-12) <input type="checkbox"/> 6	
17. FATHER'S NAME (First, Middle, Last) <b>John Graves</b>		18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mary Louise Thomas</b>		19. INFORMANT'S NAME (Type/Funeral Home) <b>Cifton K. Mombery</b>		20. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <b>Ronald Grogan</b>		22. MONTANA LICENSE NUMBER (of Licensee) <b>475</b>		23. NAME AND ADDRESS OF FACILITY <b>Grogan Funeral Home, Inc. 101 6th Ave E., Polson, MT</b>		24. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>ATHEROSCLEROTIC CORONARY ARTERY</b>	
25. DUE TO (OR AS A CONSEQUENCE OF): <b>EMPHYSEMA</b>		26. DUE TO (OR AS A CONSEQUENCE OF): <b>Years</b>		27. DUE TO (OR AS A CONSEQUENCE OF): <b>Years</b>		28. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b> b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		30. DATE OF INJURY (Month, Day, Year) <b>February 17, 1998</b>		31. TIME OF INJURY (Yes or no) <b>NO</b>		32. PLACE OF INJURY - All home, farm, street, factory, office, building, etc. (Specify) <b>LOCATION - City or Town, State</b>	
33. DATE SIGNED (Month, Day, Year) <b>February 17, 1998</b>		34. HOUR OF DEATH <b>Mid PM</b>		35. NAME OF ATENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>February 9, 1998</b>		36. DATE PRONOUNCED DEAD (Month, Day, Year) <b>February 9, 1998</b>	
37. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) <b>Joe Geldrich, Corner, 106-4th Ave. E. Polson, Mt. 59860</b>		38. LOCAL REGISTRAR'S SIGNATURE <b>[Signature]</b>		39. DATE FILED (Month, Day, Year) <b>February 17, 1998</b>		40. LOCAL REGISTRAR'S SIGNATURE <b>[Signature]</b>	

MONTANA CERTIFICATE OF DEATH

RECORDED AT THE REQUEST OF  
SHERIFF'S OFFICE  
CLERK

FILE NO. } 22

COPY

170061

BOOK 319 PAGE 78  
RECORDED AT THE REQUEST OF  
SHERIFF'S OFFICE  
CLERK  
98 MAY - 8 PM 4: 36  
BOOK 319 PAGE 78  
RECORDED AT THE REQUEST OF  
SHERIFF'S OFFICE  
CLERK  
FEE \$ 9.00

**DECLARATION OF VALUE**  
**EUREKA**  
**COUNTY, NEVADA**

Recording Date 5/8/98 Book 319 Page 78 Instrument # 170061

Full Value of Property Interest Conveyed \_\_\_\_\_ \$  
 Less Assumed Liens & Encumbrances \_\_\_\_\_ \$  
 Taxable Value (NRS 375.010, Section 4) \_\_\_\_\_ \$  
 Real Property Transfer Tax Due \_\_\_\_\_ \$  
Exempt

If exempt, state reason, NRS 375.080, Section 6. Explain: \_\_\_\_\_

Jacqueline Momborg passed away on February 9, 1998. The property is being transferred to myself, Jacqueline's spouse, as a termination of the joint tenancy of the property.

Escrow Holder only: Check if Real Property Transfer Tax is to be deferred under NRS 375.030, Section 3.

Under penalty of perjury, I hereby declare that the above statements are correct.

Under penalty of perjury, I hereby declare that the above statements are correct to the best of my knowledge based upon the information available to me in the documents contained in the escrow file.

Signature of Declarant \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Escrow Number \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

INDIVIDUAL

Under penalty of perjury, I hereby declare that the above statements are correct.

*Clifton K. Momborg*  
 Signature of Declarant \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

708 5th Ave. East \_\_\_\_\_

Address \_\_\_\_\_

Polson \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* Tax paid for the above transfer per NRS 375.030 Sec. 3 on \_\_\_\_\_