

# Affidavit-Termination of Joint Tenancy

## (Death of a Joint Tenant)

I, GAYLEN SCHWARTZ, the Affiant,  
being of legal age, and being first duly sworn, deposes and says:

That PATRICIA E. SCHWARTZ, the decedent  
(Decedent Name as shown on Death Certificate)

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

PATRICIA SCHWARTZ

(Decedent Name as shown on Deed)

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

dated on the 8th day of November, 19 89, and executed by JOAN SHANGLE, TRUSTEE FOR EUREKA COUNTY, known as "Grantor(s)"

to GAYLEN & PATRICIA SCHWARTZ, known

as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 130634, on the

9th day of November, 19 89, in book 205 page 521, of Official

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

Crescent Valley, County of Eureka, State of Nevada.

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

Lot 9 of Block 2 Crescent Valley Ranch & Farms Unit #1

ASSESSOR'S PARCEL NO. (APN#) 02-027-06

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 \$ 10,000.00

In Witness Whereof, I/We have hereunto set my hand/our hands this 13 day of Aug, 19 99

Gaylen Schwartz  
(Signature)

\_\_\_\_\_  
(Signature)

GAYLEN SCHWARTZ  
(Print or type name here)

\_\_\_\_\_  
(Print or type name here)

STATE OF NEVADA )  
COUNTY OF EUREKA )

On this 13TH day of AUGUST, 19 99  
personally appeared before me, a Notary Public

GAYLEN SCHWARTZ

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

Vicki Drenon  
(Notary Public)



VICKI DRENON  
Notary Public  
State of Nevada  
Eureka County, Nevada  
98-0757-8  
My Commission Expires January 22, 2002.

(Notary Stamp)

### RECORDING REQUESTED BY AND MAIL TO

NAME  
ADDRESS  
CITY/ST/ZIP

If applicable mail tax statements to

NAME Gaylen Schwartz  
ADDRESS PO Box 211099  
CITY/ST/ZIP Crescent Valley NV 89821

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

## STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
VITAL STATISTICSSTATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

ROLL 79 IMAGE 756

93 007547

LOCAL FILE NUMBER		1658		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		1 Patricia E. SCHWARTZ		DATE OF DEATH (Month, Day, Year)	
1. CITY, TOWN, OR LOCATION OF DEATH		2. August 22, 1993		COUNTY OF DEATH	
3b. Reno		3c. Washoe Medical Center		3a. Washoe	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		SEX	
5. White		6. 7a. 44		4. Female	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		DATE OF BIRTH (Mo., Day, Yr.)	
9a. North Dakota		9b. U.S.A.		8. January 6, 1949	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. [REDACTED]		14a. Homemaker		11. Married	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		KIND OF BUSINESS OR INDUSTRY	
15a. Nevada		15b. Eureka		14b. Own Home	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)	
16. Otto Kasper		17. Alma Schmidt		15c. No	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Gaylen Schwartz		18b. P.O. Box 211392, Crescent Valley, Nevada 89821			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Reno Crematory		19c. Reno Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20b. 45		Northern Nevada Memorial 35	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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]		(Signature and Title) [Signature]			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
21b. 8/24/93		21c. 1835			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d. [Signature]		22b. [Signature]		22c. [Signature]	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22d. ON		22e. AT	
23a. F. Roy MacKintosh, M.D., 781 Mill Street, Reno, NV, 89502		23b. 4302			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]		24b. August 25, 1993		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
PART I (a) Lung cancer				8 months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. No		27. No			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. [Signature]		28b. [Signature]		28c. M	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION, STREET OR R.F.D. No., CITY OR TOWN, STATE	
28e. [Signature]		28f. [Signature]		28g. [Signature]	

No. 051841

STATE REGISTRAR

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

Date Issued:

OCT 13 1999 Book 331 State Registrar Page 558

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 331 PAGE 557  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Jaylen Schwartz*  
99 DEC 14 PM 12:58

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

**173595**

COPY

BOOK 33 | PAGE 559