

173736

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

I, DOROTHY JEPPESEN, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That THEO CARL JEPPESEN, the decedent
(Deceased Name as shown on Death Certificate)

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

THEO JEPPESEN,
(Deceased Name as shown on Deed)

named as one of the parties in that certain Joint Tenancy Grant Bargain & Sale Deed,
(Type of Document)

dated on the _____ day of _____, 19 _____, and executed by _____

BRUCE D. CARLSEN, known as "Grantor(s)"
to THEO AND DOROTHY JEPPESEN, known

as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 107519, on the

2nd day of March, 19 87, in book 155 Page 177, 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)

Lots 7 & 8, in Block 60 of the Town of Eureka, County of Eureka
State of Nevada, as the same appear on the official map or plat
of said Townsite of Eureka, approved by the U.S. General Land
Office of the Eureka County Recorder, Eureka, Nevada.

EXCEPTING THEREFROM that portion of said land conveyed to
DIAMOND VALLEY BAPTIST CHURCH, by deed recorded January 25, 1984,
in Book 121 Page 95, Official Records, Eureka County, Nevada, more
particularly described as follows;

The Easterly 75.00 feet of Lots 7 and 8 of Block 60 of the official
plat of the survey of the Townsite of Eureka, County of Eureka,
State of Nevada.

ASSESSOR'S PARCEL NO. (APN#) -01-092-07

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 \$ 1,000.00

In Witness Whereof, I/We have hereunto set my hand/our hands this 5th day of January, 2000 xxixxxx

Dorothy Jeppesen
(Signature)

DOROTHY JEPPESEN
(Print or type name here)

(Signature)

(Print or type name here)

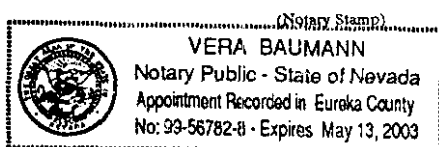
STATE OF NEVADA)
COUNTY OF Eureka)

On this 5th day of January, 2000 xxixxxx
personally appeared before me, a Notary Public

Dorothy Jeppesen

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

Vera Baumann
(Notary Public)



RECORDING REQUESTED BY AND MAIL TO

NAME Dorothy Jeppesen
ADDRESS P.O. Box 164
CITY/ST/ZIP Eureka, NV 89316

If applicable mail tax statements to

NAME Same
ADDRESS _____
CITY/ST/ZIP _____

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-241(b) & 39-274

State File No. _____
Local Reg. No. 6-479

DECEDENT		NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, Day, Year)
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN		THEO		CARL	J E P P E S E N	Male	20	December 1992
SOCIAL SECURITY NUMBER		AGE - Last Birthday (Yrs.)		UNDER 1 YEAR MONTHS DAYS		UNDER 1 DAY HOURS MINS		DATE OF BIRTH (Month, Day, Year)
[REDACTED]		57		[REDACTED]		[REDACTED]		7 May 1935
WAS DECEDENT EVER IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one) *		HOSPITAL		OTHER		BIRTHPLACE (City and State or Foreign Country)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(1) <input type="checkbox"/> Inpatient (2) <input type="checkbox"/> ER/Outpatient (3) <input type="checkbox"/> DOA		[REDACTED]		(4) <input type="checkbox"/> Home (5) <input checked="" type="checkbox"/> Private Residence (6) <input type="checkbox"/> Licensed Shelter Home (7) <input type="checkbox"/> Other (Specify)		Grace, Idaho
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)				CITY, TOWN OR LOCATION OF DEATH				COUNTY OF DEATH
5555 Yellowstone #43				Pocatello				Bannock
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		KIND OF BUSINESS / INDUSTRY		
Married		Dorothy Kingsford		Farmer		Farming		
RESIDENCE STATE		COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER		ZIP CODE	
Idaho		Bannock	Pocatello		5555 Yellowstone #43		83201	
INSIDE CITY LIMITS?		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)		RACE - American Indian, Black, Japanese, White, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		White		Elementary/Secondary (0-12) College (1-4 or 5+)		
FATHER - NAME		BIRTHPLACE		MOTHER - FULL MAIDEN NAME		BIRTHPLACE		
Carl K. Jeppesen		Denmark		Hilda Hansen		Idaho		
INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
Dorothy Jeppesen		5555 Yellowstone #43, Pocatello, Idaho 83201						
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION - City or Town, State				
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		Grace Cemetery		Grace, Idaho				
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		LICENSE NUMBER (of Licensee)		NAME AND ADDRESS OF FACILITY				
Richard Wheatley		71-668		MANNING FUNERAL CHAPEL, Pocatello, Idaho				
TIME OF DEATH		DATE PRONOUNCED DEAD (Month, Day, Year)		WAS CASE REFERRED TO CORONER?		MANNER OF DEATH (Check One)		
7:15 A.		20 Dec 1992		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could Not Be Determined		
27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		IMMEDIATE CAUSE		Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <u>Bronchogenic Carcinoma - Metastatic</u>		5 months				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		b. <u>Smoking</u>						
		c.						
		d.						
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		Sore COPD		WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
CERTIFIER (Check only one)								
<input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.								
<input type="checkbox"/> CORONER - 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 as stated.								
SIGNATURE AND TITLE OF CERTIFIER		LICENSE NUMBER		DATE SIGNED (Month, Day, Year)				
Dr. Cary Jackson		M5647		28 Dec 92				
NAME AND ADDRESS OF CERTIFIER (Type/Print)								
1777 S. Clark, Ste 210 Pocatello, Id 83201								
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED				
INJURY AT WORK?		IF TRANSPORTATION ACCIDENT, Specify		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION (Street or Route Number, City/Town, or County, and State)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other						
CORONER'S ACTION (Check One)		CORONER'S SIGNATURE		DATE SIGNED (Month, Day, Year)				
(1) <input type="checkbox"/> Reviewed Only (2) <input type="checkbox"/> Reviewed, Completed Items 26 and/or 30 (3) <input type="checkbox"/> Reviewed, Amended and Certified								
REGISTRAR'S SIGNATURE		DATE FILED (Month, Day, Year)						
Kathy Vreeland		Dec. 28, 1992						

VITAL STATISTIC'S COPY

(STATE OF IDAHO)
(County of Bannock)

THIS IS TO CERTIFY that this is a true copy of a death certificate filed with the Idaho Department of Health and Welfare under Title 39, Idaho Code. The local Deputy State Registrar in the Southeastern District Health Department issued this copy with local registration number affixed under authority granted to the State Registrar (IDAPA 16.02.8150.02b). Copies of this certificate made at a later date may reflect legal amendments made subsequent to this issuance.

NOT VALID WITHOUT RAISED SEAL OF IDAHO STATE DEPARTMENT OF HEALTH
AND WELFARE

Richard W. Blair BOOK 332 PAGE 238
State Registrar of Vital Statistics

BOOK 332 PAGE 237
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Dorothy J. Jensen
00 JAN -5 PM 3:50

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

173736

COPY