

AFFIDAVIT-TERMINATION OF JOINT TENANT
Death of a Joint Tenant

I, MARGARET R HEARTBURG, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) DELBERT R HEARTBURG, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), DELBERT R HEARTBURG, named as one of the parties in that certain (type of document) JOINT TENANTRY DEED, dated on the 21ST day of OCTOBER, 2019, and executed by GAYLE E BLAND AND SHERILL E BLAND, known as Grantor(s), to DELBERT R AND MARGARET R HEARTBURG, known as Grantees, as joint tenants, and recorded as instrument number 77193, on the 23RD day of OCTOBER, 2019 in Book 88 Page 260 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)

BLK. 4, LOT I, CRESCENT VALLEY RANCH AND FARMS UNIT #1
AS SHOWN ON THE OFFICIAL MAP FILED IN THE OFFICE OF THE
COUNTY RECORDER OF EUREKA COUNTY, NEVADA ON APRIL 6TH, 1959

In Witness Whereof, I/We have hereunto set my/our hand(s) this 21 day of June, 2020

Margaret Heartburg
 Signature
MARGARET HEARTBURG
 Print or Type Name Here

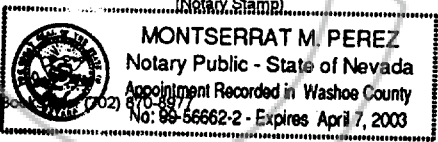
 Signature

 Print or Type Name Here

STATE OF NEVADA)
)
 COUNTY OF)
)
 On this 21 day of June, 2020
 personally appeared before me, a Notary Public
Montserrat M. Perez

personally known to me to be the person(s) whose name(s) is subscribed to the above instrument who acknowledged that She executed this instrument. Witness my hand and official seal

Montserrat M. Perez
 Notary Public



RECORDING REQUESTED BY AND MAIL TO
 Name: Margaret Heartburg
 Address: 616 Warner Ave Apt 81
 City/State/Zip: Lewiston, ID 83501-5154

IF APPLICABLE MAIL TAX STATEMENTS TO
 Name:
 Address:
 City/State/Zip:

SPACE BELOW FOR RECORDS 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 R.			C. LAST HEARTBURG			SEX 2. MALE	DATE OF DEATH 3. MONTH DAY YEAR JUNE 18, 1998		
RACE (e.g., white, black, American Indian, [specify tribe] etc.) SPECIFY: WHITE			WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) NO			IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C.			WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) YES			
PLACE OF DEATH A. COUNTY MARICOPA			B. TOWN OR CITY MESA			C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) VALLEY LUTHERAN HOSPITAL			D. DOA OP EMER. XX IN PATIENT			
DATE OF BIRTH MONTH DAY YEAR APRIL 9, 1924			AGE (YEARS LAST BIRTHDAY) 8A. 74			IF UNDER 1 YEAR MOS. DAYS B.			IF UNDER 1 DAY HRS. MIN. C.			
STATE AND CITY OF BIRTH (If not in USA, name country) FENN, IDAHO			CITIZEN OF WHAT COUNTRY? 12. USA			SOCIAL SECURITY NO. 13. [REDACTED]			USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. SHIFT MANAGER			
USUAL RESIDENCE A. STATE ARIZONA			B. COUNTY MARICOPA			C. TOWN OR CITY APACHE JUNCTION			D. ZIP CODE 85220			
STREET ADDRESS OR R.F.D. 301 S. SIGNAL BUTTE RD.			INSIDE CITY LIMITS? (SPECIFY Yes or No) NO			ON RESERVATION (SPECIFY Yes or No) NO			PREVIOUS STATE OF RESIDENCE 18. NEVADA			
FATHER'S NAME A. FIRST CHARLES			B. MIDDLE HEARTBURG			C. LAST HEARTBURG			MOTHER'S MAIDEN NAME A. FIRST THEKLA			
INFORMANT'S SIGNATURE MARGARET HEARTBURG			RELATIONSHIP TO DECEASED 22. WIFE			ADDRESS 301 S. SIGNAL BUTTE RD., APACHE JUNCTION, AZ.			CITY AND STATE 85220			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. CREMATION			DATE 25. 6/24/98			CEMETERY OR CREMATORY - NAME/LOCATION 26. MISSION CREMATORY, MESA, AZ.			EMBALMER'S SIGNATURE 27A. NOT EMBALMED			
FUNERAL HOME NAME MELCHER'S MISSION CHAPEL			STREET ADDRESS 6625 E. MAIN ST.			CITY AND STATE MESA, AZ.			FURNAL DIRECTOR or participating as such (SIGNATURE) 28. [Signature]			
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 [Signature]			DATE SIGNED (Mo., Day, Year) 6/19/98			HOUR OF DEATH 11:39 P.M.			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. 31. SIGNATURE [Signature]			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 33.			NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 34. JOE GREGORY, D.O., 600 E. UNIVERSITY, MESA, AZ.			AUTHORIZED FOR CREMATION (Specify Yes or No) 40. YES			MEDICAL EXAMINER'S SIGNATURE 41. [Signature]			
DATE REGISTERED JUN 24 1998			REG. FILE NO. 43. 11610			REGISTRAR'S SIGNATURE 44. [Signature]			REG. DISTRICT 45. 0705			
DATE RECD. IN STATE OFFICE 46.			A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Anoxic Brain St. Injury Nontraumatic			3			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3			
B. DUE TO OR AS A CONSEQUENCE OF: Cardiac Arrest			3									
C. DUE TO OR AS A CONSEQUENCE OF: Ischemic Cardiomyopathy			Years.									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I DM			AUTOPSY (Specify Yes or No) 49. NO			WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. YES						
MANNER OF DEATH NATURAL CAUSES ACCIDENT SUICIDE HOMICIDE PENDING INVESTIGATION UNDETERMINED			DATE OF INJURY MO DAY YR 52.			HOUR 53.			INJURY AT WORK? (Specify Yes or No) 54.			
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 56.			WHERE LOCATED? 57.			STREET ADDRESS 58.			CITY OR TOWN 59.			
STATE 60.												

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA

COUNTY OF MARICOPA

DATE ISSUED

June 29, 1998

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:

Jonathan S. Meluskey, M.D.
County Registrar
Director, Maricopa County Department of Public Health Services

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

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BOOK 335 PAGE 182
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Margaret Heartburg
00 JUN 28 PM 1:23

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

174851

COPY

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