

174926

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

I, Jennie Doyle, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That Robert G. Doyle, the decedent
(Deceased Name as shown on Death Certificate)

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

(Deceased Name as shown on Deed)
named as one of the parties in that certain GRANT DEED
(Type of Document)

dated on the 7th day of May, 19 62, and executed by

Homer H. & Helen J. Chavis, known as "Grantor(s)"

to Robert Gilman Doyle & Jennie Doyle, known

as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. File No. 36374, on the

19 day of May, 19 62, in book 26 of Deeds P.217, 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)

The N E ¼ of the S.W. ¼ Section 19 TN 29N. R 49E. MDBM as per
Government survey.

Being Aprox. 9.50 acres.

Reserving Therefrom as easement 30 ft wide along all
boundaries for ingress and egress with power to dedicate.

ASSESSOR'S PARCEL NO. (APN#) 5-520-09 roll 01031
District 4.0

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 \$ 770-

In Witness Whereof, I/We have hereunto set my hand/our hands this 7 day of June, 19 2000

Jennie Doyle
(Signature)

(Signature)

Jennie Doyle
(Print or type name here)

(Print or type name here)

STATE OF ~~NEVADA~~ Arizona)
COUNTY OF Mohave)

On this 7 day of June, 19 2000
personally appeared before me, a Notary Public

Jennie Doyle

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

Page M. Ammons
(Notary Public)

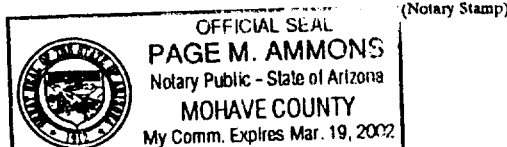
RECORDING REQUESTED BY AND MAIL TO

NAME
ADDRESS
CITY/ST/ZIP

If applicable mail tax statements to

NAME
ADDRESS
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY



BOOK 335 PAGE 477

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA
Certified Copy of Vital Record

ORIGINAL
STATE COPY

STATE OF ARIZONA
 DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS DEATH NO.
CERTIFICATE OF DEATH

D 102- 92-000061

NAME OF DECEASED A. FIRST: ROBERT B. MIDDLE: G. C. LAST: DOYLE			SEX 2 Male	DATE OF DEATH 3 MONTH: January DAY: 9 YEAR: 1992		
RACE (e.g., white, black, American Indian, [specify tribe] etc.) 4A White		WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) B. No		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C. ---		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5 Yes
PLACE OF DEATH 6 Mohave		TOWN OR CITY B. Riviera		HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) C. 430 Malibu Drive		DOA <input type="checkbox"/> OF EMER. <input type="checkbox"/> IN PATIENT
DATE OF BIRTH 7 MONTH: June DAY: 11 YEAR: 1908		AGE (YEARS LAST BIRTHDAY) 8A 83		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9 Married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10 Jennie Lawry
STATE AND CITY OF BIRTH (If not in USA, name country) 11 Los Angeles, CA		CITIZEN OF WHAT COUNTRY? 12 U.S.A.		SOCIAL SECURITY NO. 13 [REDACTED]		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A Announcer
RESIDENCE 15A STATE: Arizona B. COUNTY: Mohave C. TOWN OR CITY: Riviera		D. ZIP CODE: 86442		HOW LONG IN ARIZONA? 16 12 yrs.		EDUCATION HIGHEST GRADE COMPLETED 17
STREET ADDRESS OR R.F.D. 15B 430 Malibu Drive		INSIDE CITY LIMITS? (SPECIFY YES OR NO) 15F Yes		ON RESERVATION (SPECIFY YES OR NO) 15G No		PREVIOUS STATE OF RESIDENCE 18 California
FATHER'S NAME 19A FIRST: Frank B. MIDDLE: Doyle C. LAST: Doyle		MOTHER'S MAIDEN NAME 20A FIRST: Rose B. MIDDLE: I. C. LAST: Knapp				
INFORMANT'S SIGNATURE 21 <i>Jennie Doyle</i>		RELATIONSHIP TO DECEASED 22 Wife		ADDRESS 23 430 Malibu Drive Riviera, AZ 86442		
METHOD OF CREMATION, REMOVAL, OTHER (Specify) 24 Cremation		DATE 25 Jan. 10, 1992		CEMETERY OR CREMATORY - NAME/LOCATION 26 Sutton Crematory Kingman, AZ		EMBALMER'S SIGNATURE 27A (Not Embalmed)
FUNERAL HOME 28 Desert Lawn Funeral Home		NAME 29 503 Marina Blvd. Bullhead City, AZ		CITY AND STATE 30 Kingman, AZ		FUNERAL DIRECTOR OR PERSON acting as such (SIGNATURE) 31 <i>[Signature]</i>
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 31 <i>[Signature]</i>		DATE SIGNED (Mo., Day, Year) 32 January 10, 1992		HOUR OF DEATH 33 1410		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. 34 SIGNATURE AND TITLE 35 <i>[Signature]</i>
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 36 Rayton Ritter D.O. 1225 Hancock Bullhead City, AZ		AUTHORIZED FOR CREMATION (SPECIFY) 37 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MEDICAL EXAMINER'S SIGNATURE 38 <i>[Signature]</i>		
DATE REGISTERED 42 1/10/92		REG. FILE NO. 43 0016		REGISTRAR'S SIGNATURE 44 <i>[Signature]</i>		REG. DISTRICT 45 0834
DATE REC'D. IN STATE OFFICE 46 JAN 16 1992		PART I. SEQUENTIALLY LIST CONDITIONS IF ANY, LEADING TO IMMEDIATE CAUSE OF DEATH (USE CAUSE OF INJURY, DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST.				
A. IMMEDIATE CAUSE (FIND DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)		B. DUE TO OR AS A CONSEQUENCE OF				
C. DUE TO OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) 49 No		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50 Yes		
MANNER OF DEATH 51 <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY 52 MO: --- DAY: --- YR: ---		HOUR 53 --- M: ---		INJURY AT WORK? (Specify Yes or No) 54 ---
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 56		WHERE LOCATED? 57		STREET ADDRESS 55		
SUPPLEMENTARY ENTRIES 58						

DATE ISSUED **JAN 17 1992**

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 35-341, and by direction of:

ALETHEA O. CALDWELL, Director
Department of Health Services
State Registrar

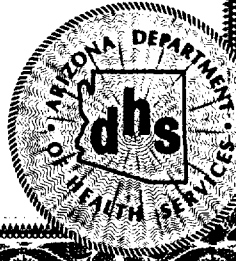
Renée Gaudino
RENEE GAUDINO
Assistant State Registrar

1018581

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This copy not valid unless prepared on engraved form displaying raised seal and impressed with raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



BOOK 335 PAGE 477
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Howard D. Brassfield
00 JUL 19 PM 1:00

EUREKA COUNTY NEVADA
MAN. & COMM. RECORDER
FILE NO. **174926** FEES **9⁰⁰**

COPY