

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)

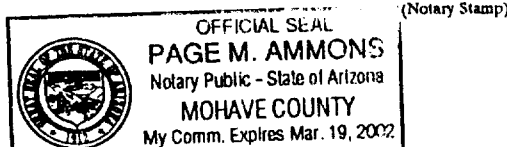
RECORDING REQUESTED BY AND MAIL TO

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

Main form containing personal information: Name of Deceased (ROBERT G. DOYLE), Date of Death (January 9, 1992), Sex (Male), Race (White), Birth Date (June 11, 1908), Place of Birth (Los Angeles, CA), Residence (Arizona, Mohave, Riviera), and Medical/Death details.

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