

178352

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

I, Dorothy E Tilton, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That William Frank Tilton Sr, the decedent
(Decedent Name as shown on Death Certificate)

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

William F. Tilton, Sr,
(Decedent Name as shown on Death)

named as one of the parties in that certain Quit Claim Deed,
(Type of Document)

dated on the 27 day of December, 1998, and executed by

David E Mason & Debbie L Mason, known as "Grantor(s)"
to William F. Tilton Sr & Dorothy E Tilton, known

as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 171516, on the

28 day of December, 1998, in book 324 Pg 203, 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 14 Block 4 Crescent Valley Ranch + Farms Unit #1
5080 Tenabo Ave

ASSESSOR'S PARCEL NO. (APN#) 02-023-24

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

In Witness Whereof, I/We have hereunto set my hand/our hands this 19 day of July, 192002

Dorothy E Tilton
(Signature)

(Signature)

Dorothy E. Tilton
(Print or type name here)

(Print or type name here)

STATE OF NEVADA }
COUNTY OF EUREKA }

RECORDING REQUESTED BY AND MAIL TO

NAME
ADDRESS
CITY/ST/ZIP

If applicable mail tax statements to

NAME
ADDRESS
CITY/ST/ZIP

On this 19 day of July, 192002
personally appeared before me, a Notary Public

Dorothy Tilton

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

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

Pam D Lyninger
(Notary Public)

PAM D. LYNINGER (Notary) (Seal)
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No. 99-51201-8 - Expires November 18, 2002

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WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 105 IMAGE 710

LOCAL FILE NUMBER 5196

STATE FILE NUMBER

TYPE ON FRONT OR PERMANENT BLACK INK DECEASED IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM	DECEASED—NAME First Middle Last 1. William Frank TILTON, Sr.		DATE OF DEATH (Month, Day, Year) 2. December 29, 2001		COUNTY OF DEATH 3. Washoe	
	CITY, TOWN OR LOCATION OF DEATH 4. Sparks		HOSPITAL OR OTHER INSTITUTION—Name (if not stated, give street and number) 5. Northern Nevada Medical Center		SEX 6. Male	
PARENTS DISPOSITION CERTIFIER CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF DEATH	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 7. White		Was Decedent of Hispanic Origin? Specify () yes () no if yes, specify Mexican, Cuban, Puerto Rican, etc. 8.		AGE—Last Birthday (Years) MONTH : DAYS 9. 78	
	STATE OF BIRTH (If not U.S.A., name country) 10. Oregon		CITIZEN OF WHAT COUNTRY 11. U.S.A.		DECEASED'S EDUCATION. Specify highest grade completed. 12. 10	
	SOCIAL SECURITY NUMBER 13. 7563		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 14. Undersheriff		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 15. Married	
	RESIDENCE—STATE 16. Nevada		COUNTY 17. Eureka		SURVIVING SPOUSE (if with, give maiden name) 18. Dorothy E. Lewis	
FATHER—NAME First Middle Last 19a. Eugene Mills Tilton		MOTHER—MAIDEN NAME First Middle Last 19b. Ida Mae Barrett		19c. 5080 Tenabo Ave.		
INFORMANT—NAME (Type or Print) 20a. Dorothy E. Tilton		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 20b. P.O. Box 211203, Crescent Valley, NV 89821		20c. Sparks Nevada		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 21a. Cremation		CEMETERY OR CREMATORY—NAME 21b. Truckee Meadows Crematory		LOCATION 21c. Sparks Nevada		
21d. <i>Carol L. DeGroot</i> PLURAL DIRECTOR—SIGNATURE (Of Person Acting as Such) 21e. 20		21f. 20		21g. Reno Memorial 253 E. Arroyo, Reno, NV 89502		
21a. To the best of my knowledge, please indicate the kind, date and place and due to the cause(s) stated. (Signature and Title) 21b. JANUARY 4, 2001		21c. <i>Mark L. Glickfeld</i> HOUR OF DEATH 21d. 2310		21e. 2310		
21f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21g. MARK L. GLICKFELD, 1000 LOCUST STREET, RENO, NEVADA 89502		21h. 2310		21i. 2310		
21j. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 21k. MARK L. GLICKFELD, 1000 LOCUST STREET, RENO, NEVADA 89502		21l. 2310		21m. 2310		
REGISTRAR 22a. <i>Dandi Bick's Dep.</i> 22b. January 8, 2002		DATE RECEIVED BY REGISTRAR (Month, Day, Year) 22c. January 8, 2002		DEATH DUE TO COMMUNICABLE DISEASE 22d. NO		
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) RENAL CELL CANCER		23a. RENAL CELL CANCER		23b. RENAL CELL CANCER		
DUE TO, OR AS A CONSEQUENCE OF: (b)		23c.		23d.		
DUE TO, OR AS A CONSEQUENCE OF: (c)		23e.		23f.		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. PART II		23g.		23h.		
ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify) 24.		DATE OF INJURY (Month, Day, Year) 25.		HOUR OF INJURY 26.		
PLACE OF INJURY—(If home, specify room, street, factory, office building, etc.) (Specify) 27.		DESCRIBE HOW INJURY OCCURRED 28.		LOCATION 29.		
STREET OR R.F.D. No. 30.		CITY OR TOWN 31.		STATE 32.		



STATE REGISTRAR

No. 214351

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

Deputy Registrar: *Subana Lee Hunt*

Date: **JAN 14 2002**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 348 PAGE 306
OFFICIAL RECORDS
RECORDED AT THE REC'D OFFICE
Norothy E. Silton
02 JUL 19 4M 2:43

LURENA COUNTY NEVADA
M.N. REBALEATI. RECORDER
FILE NO. FEES 1/6 ⁰⁰

178352

COPY

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 02-023-24
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#	<u>178352</u>
Book	<u>348</u> Page: <u>306</u>
Date of Recording	<u>7-19-02</u>
Notes:	_____

2. Type of Property:

a) <input type="checkbox"/>	Vacant Land	b) <input type="checkbox"/>	Single Fam Res.
c) <input type="checkbox"/>	Condo/Twnhse	d) <input type="checkbox"/>	2-4 Plex
e) <input type="checkbox"/>	Apt. Bldg.	f) <input type="checkbox"/>	Comm/Ind/T
g) <input type="checkbox"/>	Agricultural	h) <input checked="" type="checkbox"/>	Mobile Home
i) <input type="checkbox"/>	Other		

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ 16,000
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 3
b. Explain Reason for Exemption: Surviving spouse

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Dorothy E. Tilton Capacity _____
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Dorothy E. Tilton
Address: P.O. Box 211223
City: Crescent Valley
State: NV Zip: 89821

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)