

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

ASSESSOR'S PARCEL NO. (APN#): 007-050-22

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: LARRY L. MILLER
Address: P.O. BOX 16125
City/State/Zip: PORTAL, ARIZONA 85632

BOOK 419 PAGE 281-282
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Larry L. Miller
2005 AUG 17 AM 8:51
EUREKA COUNTY, NEVADA
M.N. REBALENTI, RECORDER
FILE NO. FEES / 5⁰⁰

200471

I, LARRY L. MILLER, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That ALICE CAROL MILLER, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as ALICE C. MILLER
(Deceased Name as shown on Deed)

named as one of the parties in that certain GRANT, BARGAIN & SALE DEED
(Type of Document)

dated on the 1ST day of NOVEMBER, 2000, and executed by
BURTON & BARBARA BERGERON, known as "Grantor(s)" to ALICE C. & LARRY L. MILLER,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 175616, on the

22ND day of NOVEMBER, 2000, in book 339, 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 W 1/2 OF GOVERNMENT LOT 1, SECTION 7, TOWNSHIP 23 N.,
RANGE 52 E., CONTAINING 37.73 ACRES, MORE OR LESS.

SUBJECT TO COVENANTS, CONDITIONS, RESERVATIONS,
RESTRICTIONS, EASEMENTS AND RIGHT-OF-WAYS OF RECORD.

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 \$ 10.00

In witness Whereof, I/We have hereunto set my hand/our hands this 17TH day of AUGUST, 2005

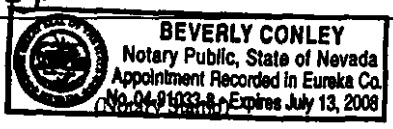
L. L. Miller
(Signature)
LARRY L. MILLER
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA)
COUNTY OF EUREKA)
This instrument was acknowledged before me on (date) August 17, 2005

By (person(s) appearing before notary public) Larry Miller
Beverly Conley
(Notary Public)
My Commission expires: 7/13/2008



CERTIFICATION OF VITAL RECORD

STATE OF TEXAS

COUNTY OF HARDIN

STATE OF TEXAS

CERTIFICATE NO.

FILE NUMBER

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1 NAME OF DECEASED (a) FIRST Alice		(b) MIDDLE Carol		(c) LAST Miller		(d) MAIDEN Ramsay		2. SEX Female	3. DATE OF DEATH December 28, 2004
4. DATE OF BIRTH August 9, 1943		5. AGE (IN YEARS) 61	IF UNDER 1 YR. MO. DAYS HOURS MIN.	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) San Bernardino, California		7. SOCIAL SECURITY NO.			
8. RACE Caucasian		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 12	
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Larry Miller		14a. DECEDENT'S USUAL OCCUPATION Beautician		14b. KIND OF BUSINESS OR INDUSTRY Cosmetology			
15a. RESIDENCE STREET ADDRESS 8518 Andover Dr						15b. CITY OR TOWN Silsbee			
15c. COUNTY Hardin		15d. STATE Texas		15e. ZIP CODE 77656-		15f. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
16. FATHER'S NAME Ivan Ramsay				17. MOTHER'S MAIDEN NAME Clara Ligon					
18. PLACE OF DEATH (CHECK ONLY ONE)									
HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)									
19. COUNTY OF DEATH Hardin		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Silsbee Precinct #1			21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) 8518 Andover Dr				
22. INFORMANT - SIGNATURE & RELATIONSHIP Larry Miller Husband				23. MAILING ADDRESS OF INFORMANT 8518 Andover Dr Silsbee, Texas 77656-					
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) R S Farmer Memorial Cemetery		25b. Section 7 Block II Lot Space 65		29. NAME & ADDRESS OF FUNERAL HOME R.S. Farmer Funeral Home Inc. 415 N. Fourth Street Silsbee, Texas 77656			
		28. LOCATION (CITY, STATE) Silsbee, TX		26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>James E. Farmer</i>		27. DATE OF DISPOSITION December 30, 2004			
30. CERTIFIER <input type="checkbox"/> CERTIFYING 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"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input checked="" type="checkbox"/> JUSTICE OF THE PEACE									
31. SIGNATURE & TITLE OF CERTIFIER <i>Paul Ward J.P.</i>				32. DATE SIGNED MO. DAY YEAR 1-5-05		33. TIME OF DEATH 4:00 PM M.			
34. PRINTED NAME & ADDRESS OF CERTIFIER J P Robert Ward 957 North 5th St., Silsbee TX 77656									
35. PART 1 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 (Final disease or condition resulting in death) → CORONARY OCCLUSION DUE TO (OR AS A LIKELY CONSEQUENCE OF): Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Cause of injury that antedated events resulting in death) LAST. b. DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. DUE TO (OR AS A LIKELY CONSEQUENCE OF): d.									
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.)						36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M. <input type="checkbox"/> YES <input type="checkbox"/> NO		41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)	
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)									
41f. DESCRIBE HOW INJURY OCCURRED									
42a. REGISTRAR FILE NO. 01-331-04		42b. DATE RECEIVED BY LOCAL REGISTRAR 01-05-2005		42c. SIGNATURE OF LOCAL REGISTRAR <i>Glenda Alston, Deputy</i>					

ATTN: ASSUMPTION
LOAN NO. 0100554905

VS-112 REV. 9/85 Texas Department of Health - Bureau of Vital Statistics

24679

This is a true and correct reproduction of the original records as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code. **200471**
DATE ISSUED: **01-06-05**
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GLENDA ALSTON, COUNTY CLERK, HARDIN COUNTY, TEXAS

