

**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

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Larry L. Miller
2005 AUG 17 AM 8:51

EUREKA COUNTY, NEVADA
M.N. REBALEATI, 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 OF DEATH

FILE NUMBER

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1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN		2. SEX	3. DATE OF DEATH
Alice Carol Miller Ramsay		Female	December 28, 2004
4. DATE OF BIRTH	5. AGE (IN YEARS)	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)	7. SOCIAL SECURITY NO.
August 9, 1943	61	San Bernardino, California	
8. RACE	9a. WAS THE DECEASED OF HISPANIC ORIGIN?	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEASED EVER IN U.S. ARMED FORCES?
Caucasian	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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. MARITAL STATUS		
12	<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		
13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		14a. DECEASED'S USUAL OCCUPATION	14b. KIND OF BUSINESS OR INDUSTRY
Larry Miller		Beautician	Cosmetology
15a. RESIDENCE STREET ADDRESS		15b. CITY OR TOWN	
8518 Andover Dr		Silsbee	
15c. COUNTY	15d. STATE	15e. ZIP CODE	15f. INSIDE CITY LIMITS
Hardin	Texas	77656-	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
16. FATHER'S NAME		17. MOTHER'S MAIDEN NAME	
Ivan Ramsay		Clara Ligon	
18. PLACE OF DEATH (CHECK ONLY ONE)			
HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> EMERGENCY <input type="checkbox"/> DCA <input type="checkbox"/> OTHER: <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)			
19. COUNTY OF DEATH	20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)	21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address)	
Hardin	Silsbee Precinct #1	8518 Andover Dr	
22. INFORMANT - SIGNATURE & RELATIONSHIP		23. MAILING ADDRESS OF INFORMANT	
Larry Miller Husband		8518 Andover Dr Silsbee, Texas 77656-	
24. METHOD OF DISPOSITION	25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)	25b. Section	29. NAME & ADDRESS OF FUNERAL HOME
<input checked="" type="checkbox"/> BURIAL	R S Farmer Memorial Cemetery	7	R.S. Farmer Funeral Home Inc.
<input type="checkbox"/> CREMATION	25b. LOCATION (CITY, STATE)	Block	
<input type="checkbox"/> REMOVAL FROM STATE	Silsbee, TX	II	
<input type="checkbox"/> DONATION	27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	Lot	
<input type="checkbox"/> OTHER (SPECIFY)	James E. Farmer 4585	Space	
		65	
		Unknown <input type="checkbox"/>	
		28. 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		32. DATE SIGNED	33. TIME OF DEATH
[Signature] J.P. I		MO DAY YEAR	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.			Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
a. CORONARY OCCLUSION			
DUE TO (OR AS A LIKELY CONSEQUENCE OF):			
b. DUE TO (OR AS A LIKELY CONSEQUENCE OF):			
c. DUE TO (OR AS A LIKELY CONSEQUENCE OF):			
d. DUE TO (OR AS A LIKELY CONSEQUENCE OF):			
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?			36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH	38. DID ALCOHOL USE CONTRIBUTE TO DEATH	39. WAS DECEASED PREGNANT	
<input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	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	41a. DATE OF INJURY	41b. TIME OF INJURY	41c. INJURY AT WORK
<input checked="" type="checkbox"/> NATURAL			<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> ACCIDENT	41d. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		
<input type="checkbox"/> SUICIDE			
<input type="checkbox"/> HOMICIDE	41f. DESCRIBE HOW INJURY OCCURRED		
<input type="checkbox"/> PENDING INVESTIGATION			
<input type="checkbox"/> COULD NOT BE DETERMINED			
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR	
01-331-04	01-05-2005	[Signature]	

ATTN: ASSUMPTION
LOAN NO. 0100554905

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.

DATE ISSUED:

01-06-05

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GLENDA ALSTON, COUNTY CLERK,
HARDIN COUNTY, TEXAS