

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

ASSESSOR'S PARCEL NO. (APN#): 002-049-02

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: Jack D. Pemelton
Address: P.O. Box 211339
City/State/Zip: Crescent Valley, NV 89821

DOC # 0207044
11/27/2006 02 34 PM
Official Record
Recording requested By
JACK D PEMELTON

Eureka County - NV
Mike Rebaleati - Recorder
Fee \$15.00 Page 1 of 2
RPTT Recorded By FES
Book- 0448 Page- 0115



I, Jack D. Pemelton, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That Janet C. Pemelton, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

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

named as one of the parties in that certain Joint Tenancy Deed,
(Type of Document)

dated on the 19th day of March, 1998, and executed by
Cattlemen's Title Guar., known as "Grantor(s)" to Jack D. & Janet C. Pemelton,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 170010, on the
13th day of April, 1998, in book 318 page 538 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)

Crescent Valley Ranch & Farms Unit #1
Block 36 Lot 3

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 \$ 58,000.00

In witness Whereof I/We have hereunto set my hand/our hands this 1 day of September, 2006

[Signature] (Signature)
Jack D. Pemelton (Print or type name here)

STATE OF NEVADA)
COUNTY OF EUREKA)
This instrument was acknowledged before me on (date) September 1, 2006
By (person(s) appearing before notary public) Jack D. Pemelton
[Signature]
(Notary Public)
My Commission expires: Nov. 2, 2007



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Janet Carol PEMELTON		2. January 10, 2003	3a. Eureka
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. Crescent Valley		3c. 776 7th St.	3e. Female
FACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)
5. white		6. No	7a. 64
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. Kansas		9b. USA	10. 12
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13. [REDACTED]		14a. Inside Sales	14b. Chemical Co.
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. Nevada		15b. Eureka	15c. Crescent Valley
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Elmer Roy Johnson		17. Nellie Ruth Miller	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Jack Pemelton (Husband)		18b. P.O. Box 211339 Crescent Valley, Nevada 89821	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. Sunset Crematory	19c. Elko Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Successor)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. [Signature]		20b. 7	20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)
21b.		21c.	22b. 01-17-03
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Hour)	
21d.		22c. 06:00	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		22d. ON 01-10-03	
23a. Robert L. Cutler Deputy Coroner P.O. Box 736 Eureka, NV 89316		22e. AT 06:19	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. [Signature] Diane Padborg		24b. Jan. 17 2003	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Cardiac Arrest		Immed.	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Respiratory Failure		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Terminal Cancer		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
28a.		26. NO	27. No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	

STATE REGISTRAR

No. 248137

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

Date Issued:

JAN 24 2003

Gyenne Sylva
State Registrar



0207044

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