

**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



0207044

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 have hereunto set my hand and our hands this 1 day of September, 2006

(Signature)

Jack D. Pemelton

(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) September 1, 2006

By (person(s) appearing before notary public)

Jack D. Pemelton

(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)	
1. Janet Carol PEMELTON		2. January 10, 2003	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Crescent Valley		3a. Eureka	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. 776 7th St.		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	
5. white		7a. 64	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		UNDER 1 YEAR MOS : DAYS	
6. No		7b. : 7c. : UNDER 1 DAY HOURS : MINS	
STATE OF BIRTH (If not U.S.A., name country)		DATE OF BIRTH (Mo., Day, Yr.)	
9a. Kansas		8. March 15, 1938	
SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
13. [REDACTED]		10. 12	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
14a. Inside Sales		11. Married	
KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
14b. Chemical Co.		12. Jack Pemelton	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Crescent Valley	
COUNTY		STREET AND NUMBER	
15b. Eureka		15d. 776 7th St.	
INSIDE CITY LIMITS (Specify Yes or No)			
15e. No			
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	
19a. Cremation		19b. Sunset Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. [Signature]		19c. Elko Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
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.)		DATE SIGNED (Mo., Day, Yr.)	
21b. : 21c. : HOUR OF DEATH		22b. 01-17-03 22c. 06:00	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. : 22d. ON 01-10-03		22e. AT 06:19	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Robert L. Cutler Deputy Coroner P.O. Box 736 Eureka, NV 89316		23b. :	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) [Signature]		24b. Jan. 17 2003	
DEATH DUE TO COMMUNICABLE DISEASE			
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)	
26. NO		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. : 28b. : HOUR OF INJURY		28c. : M	
INJURY AT WORK (Specify Yes or No)		DESCRIBE HOW INJURY OCCURRED	
28e. : 28f. : PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28d. :	
28g. : LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE			

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

Gronne Sylva
State Registrar



0207044

Book 448 11/27/2006
Page 116 Page 2 of 2

