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

ASSESSOR'S PARCEL NO. (APN#): 001-082-03 RPTT: RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO Name:_ City/State/Zip: ___

09/10/2007

02:54 PM

Official Record
Recording requested By
LARRY MCMASTER

Eureka County - NV Mike Rebaleati - Recorder

Fee: \$15.00

Page 1 Page 1 of 2 Recorded By. FES

Book- 0462 Page- 0386



I, Himee Wallack , the Affiant, being of legal age, and being first duly sworn,
deposes and says: That Andrew Tyler Wallack, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)
attached certified copy Certificate of Death, is the same person as Andrew Tyler Wallack (Deceased Name as shown on Deed)
(Deceased Name as snown on Deed)
named as one of the parties in that certain Deeck of I Pust
(Type of Document) dated on the 3pd day of November 3pd day of No
AIME = Win // AICK , known as "Grantor(s)" to / ARRY MC MATTER.
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 18.350.00 on the
32d day of Lovember 2004, in book 399, of Official Records of
EUREKA County, Nevada, covering the following described property situated in the City of
Seed day of See 2004, in book 399 , of Official Records of
80 RAILROAD STREET EUREKA, NEURDA
PARCEL 1: Block 98 of the fown of EURERA NEUROM
PARCEL 2: SE14 of SECTION 14, T29U, R53E M.D. B&M
AND which is contiquous to Lot 1. Block 79, of the
town of EUREKA, DEUADA
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 S #122 000
In witness Whereof, I/We have hereunto set my hand/our hands this 28 day of August, 20 07
Cleme Wallack
(Signature) Aimez Wallack (Signature)
(Print or type name here) (Print or type name here)
STATE OF NEVADA Creaco
3/)/
COUNTY OF EUREKA Jackson) This instrument was acknowledged before me on (date) August 28, 2007 OFFICIAL SEAL JESSIE N. WHITWELL
V DESIGN VESSIC N. WINT WELL
By (person(s) appearing before notary public) A Mee Wallace NOTARY PUBLIC-OREGON COMMISSION NO. A384115
Oprio My COMMISSION EXPIRES AUG. 29, 2008
(Notary Public)
My Commission expires: A: 29, 2008 (Notary Stamp)

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

TYPE	DEC	ASED—NAME First		Middle			Last		DATE OF DE	ATH (Month,	Day, Year)	1	COUNTY OF DEA	TH
OR PRINT	1.	ANDREW		TYLER		WALL	ACK	1.	2. Septe	mhar	27 [26	202	за. Eurek	
PERMANENT		TOWN OR LOCATION OF												
BLACK INK	CITY	, TOWN OR LOCATION OF	DEATH	HOSPITAL	OH OTHER I	NSTITUTION-	Name (If not eith	er, give stree	et and number	7 IIHOS Rm. Ir	o. or Inst. Indic patient (Speci	cate DOA, OP/6	mer. SEX	
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		—(e.g., White, Black, Ameri Indian, etc.) (Specify)	spe	cify Mexican, Cub		lican, etc.		Birthday (Yea	ars) MOS	DAYS	HOURS :	MINS		İ
	5.	white	6.		No		1	7a. 28	7b.	:	7c.	∣∗De	cember 3	31.1973
IF DÉATH	STAT	E OF BIRTH		CITIZEN OF WHA	AT COUN-	Decedent's	Education, Speci	ly highest	MARRIED, N	NEVER MAR	RIED,	SURVIVING	SPOUSE (If wile, giv	re maiden name)
OCCURRED IN		U.S.A., name country)		TRY		grade compl			WIDOWED,	DIVORCED		1 . 1		
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regarding	SOCI	AL SECURITY NUMBER		USUAL OCCUPA Working Life, Eve	TION (Give I	Kind of Work D	one During Most	of 🧪	KIND OF E	BUSINESS O	RINDUSTRY	1 1		
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	INFO	RMANT—NAME (Type or Pr	int)			MAILIN	IG ADDRESS		(Street	or R.F.D. No	, City or Town	n, State, Zip)	- N.	N
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STATE REGISTRAR

No. 2194/1



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

Date Issued:

OCT 17 2002

State Registrar

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