

Official Record

Recording requested By  
WILSON & BARROWS LTD

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$17.00 Page 1 of 4  
RPTT: Recorded By: LLH  
Book- 0472 Page- 0386

APN: 002-021-16

Mailing Address of Grantee or Other Person Requesting Recording:

Wilson Barrows & Salyer  
442 Court Street  
Elko, Nevada 89801



0211858

Mail Tax Statements to:

Name: Shelly Urlacher  
Address: 18719 South Hawthorne  
City/State/Zip: Kennewick, Washington 99337

Social Security Number Affirmation Statement:

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does not contain personal information, including full social security number of any person;

-OR-

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does contain personal information, including full social security number of a person.

Joanna M. Brown

Legal Secretary

Name

Title

Signature

Title of Document Recorded:

AFFIDAVIT TERMINATING JOINT TENANCY

## AFFIDAVIT TERMINATING JOINT TENANCY

**Shelly Urlacher** hereby solemnly swears, deposes, says under oath, and declares under penalties of perjury that the following assertions are true:

1. Affiant is a person who has knowledge of all of the facts hereinafter set forth:

2. Affiant is a surviving daughter of **Hazel Marie Mudd**, now deceased.

3. The aforesaid **Hazel Marie Mudd**, one of the Grantees named in the Deed hereinafter described, died in the City of Phoenix, County of Maricopa, State of Arizona, on October 17, 2007, and is the identical person named as **Hazel Marie Mudd**, in that Certificate of Death, duly certified, marked Exhibit A attached hereto, and incorporated into and made a part hereof by reference.

4. **Hazel Marie Mudd** became a joint tenant with **Leo Dean Mudd**, as to the property, and in the conveyance hereinafter described:

Deed dated March 7, 2007, executed by G. Roberta Pratt, as CEO of Cattlemens Title Guarantee Company, Grantor, in favor of Leo Dean Mudd and Hazel Marie Mudd, husband and wife as joint tenants, as Grantees, recorded on March 15, 2007, in Book 453, Official Records, Page 237, Eureka County Recorder's Office, Eureka, Nevada, as File No. 208200, conveying that certain real property situate in the County of Eureka, State of Nevada, and more particularly described as follows:

**BLOCK 6 LOT 2 CRESCENT VALLEY RANCH AND FARM UNIT 1**

Subject To: Any taxes and assessments of record; existing encumbrances, covenants, conditions, restrictions, reservations, easements, rights and/or rights of way of record or actually existing on such premises.

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**WILSON BARROWS & SALYER**  
ATTORNEYS AT LAW  
442 Court Street  
Elko, Nevada 89801



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Book: 472 05/19/2008  
Page: 387 Page: 2 of 4

TOGETHER WITH the improvements thereon situate.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

5. **Hazel Marie Mudd** was survived by the following joint tenant, as to the above-described property: **Leo Dean Mudd**.

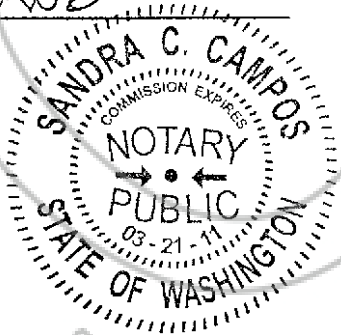
6. This Affidavit is made pursuant to NRS 40.525 and NRS 111.365 for the purpose of terminating the joint tenancy above described, and vesting all right, title and interest of the aforesaid deceased joint tenant solely in the aforesaid surviving joint tenant, all of record.

*Shelly Urlacher*  
**Shelly Urlacher**

STATE OF Washington )  
 ) ss.  
COUNTY OF Benton )

Subscribed and sworn to before me this 8<sup>th</sup> day of May, 2008, by **Shelly Urlacher**.

*Sandra C. Campos*  
NOTARY PUBLIC



08050012.jmb  
May 1, 2008

**WILSON BARROWS & SALYER**  
ATTORNEYS AT LAW  
442 Court Street  
Elko, Nevada 89801



**CERTIFICATION OF VITAL RECORD**

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

**STATE OF ARIZONA**

ORIGINAL STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

DEATH NO.  
D-102 2007 - 036266

NAME OF DECEASED 1 HAZEL MARIE MUDD		A. FIRST HAZEL		B. MIDDLE MARIE		C. LAST MUDD		SEX 2 FEMALE	DATE OF DEATH 3 OCTOBER 17 2007	MONTH OCTOBER	DAY 17	YEAR 2007
RACE (e.g., white, black, American Indian, (specify tribe) etc.) SPECIFY: 4A. WHITE			WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) 4B. NO			IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 4C.			WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. NO			
PLACE OF DEATH 8. MARICOPA		6A. COUNTY		6B. TOWN OR CITY PHOENIX		6C. HOSPITAL OR INSTITUTION BANNER GOOD SAMARITAN MEDICAL CENTER			6D. <input type="checkbox"/> DOA <input type="checkbox"/> OF FMR <input checked="" type="checkbox"/> IN PATIENT			
DATE OF BIRTH 7. MAY 31 1947		AGE (YEARS LAST BIRTHDAY) 8A. 60		IF UNDER 1 YEAR MOS. DAYS 8B.		IF UNDER 1 DAY HRS. MIN. 8C.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		SURVIVING SPOUSE 10. LEO D MUDD		
STATE AND CITY OF BIRTH 11. PRIMEVILLE OREGON		(If not in USA name country)		CITIZEN OF WHAT COUNTRY? 12. USA		SPECIFY		SOCIAL SECURITY NO. 13.		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. WAITRESS		KIND OF BUSINESS OR INDUSTRY 14B. RESTAURANT
USUAL RESIDENCE 15. ARIZONA		15A. STATE		15B. COUNTY LA PAZ		15C. TOWN OR CITY SALOME		15D. ZIP CODE 85348		HOW LONG IN ARIZONA? 16. 1 MONTH		EDUCATION HIGHEST GRADE COMPLETED 17.
STREET ADDRESS OF R.F.D. 15L. 44660 AVE 42E		INSIDE CITY LIMITS? (Specify Yes or No) 15F. YES		ON RESERVATIONS (Specify Yes or No) 15G. NO		PREVIOUS STATE OF RESIDENCE 18. NEVADA		ELEMENTARY SECONDARY (1-12) 18A. 12		COLLEGE (1-4 or 5+) 18B.		
FATHER'S NAME 19. CHARLIE		A. FIRST		B. MIDDLE		C. LAST BROWN		MOTHER'S MARDEN NAME 20. unk		A. FIRST		B. MIDDLE
MOTHER'S MARDEN NAME 20. unk		A. FIRST		B. MIDDLE		C. LAST unk						
INFORMANT'S SIGNATURE 21. LEO D MUDD		RELATIONSHIP TO DECEASED 22. HUSBAND		ADDRESS 23. 44660 AVE 42E		CITY AND STATE SALOME ARIZONA		ZIP CODE 85348				
BURIAL CREMATION, REMOVAL (Specify) 24. CREMATION		DATE 25. 10-29-2007		CEMETERY OR CREMATORY - NAME/LOCATION 26. TIAM/SERENITY MORTUARY SERVICES INC PHOENIX ARIZONA		EMBALMERS SIGNATURE 27A. NOT EMBALMED		CERT. NO. 27B.				
FUNERAL HOME 28. HARPER FUNERAL HOME		NAME		STREET ADDRESS 1246 E JEFFERSON ST		CITY AND STATE PHOENIX ARIZONA		85034		FUNERAL DIRECTOR'S SIGNATURE 28A. DAVID A EARL		CERT. NO. 28B. F1032
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY		TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY		TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY		TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY		TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY		TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY		
30. SIGNATURE AND TITLE		DATE SIGNED (Mo., Day, Year) 31. OCTOBER 19 2007		HOUR OF DEATH 32. 2330		34. SIGNATURE AND TITLE		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH		
33. NAME OF ATTENDING PHYSICIAN OF OTHER THAN CERTIFIER (Type or print)		35. PRONOUNCED DEAD (Mo., Day, Year)		36. PRONOUNCED DEAD (Hour)		37. ON		38. AT				
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 39. GREGORY CHU MD 1111 E MCDOWELL RD PHOENIX ARIZONA 85006		AUTHORIZED FOR CREMATION (SPECIFY) 40. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MEDICAL EXAMINER'S SIGNATURE 41. Patricia Adams		42. DATE REGISTERED NOV 2 2007		43. REG. FILE NO. 21454		44. REGISTRAR'S SIGNATURE John J. Colan Deputy		45. REG. DISTRICT 0708
42. DATE REGISTERED		43. REG. FILE NO.		44. REGISTRAR'S SIGNATURE		45. REG. DISTRICT		46. DATE RECD IN STATE OFFICE				
SEVERALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE, ENTER UNDERLYING CAUSE (DISEASE OR INJURY) THAT INITIATED EVENTS RESULTING IN DEATH (LAST PART)		47A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) CEREBRAL EDEMA		47B. DUE TO OR AS A CONSEQUENCE OF SUBARACHNOID HEMORRHAGE		47C. DUE TO OR AS A CONSEQUENCE OF:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		48.		AUTOPSY (Specify Yes or No) 49. NO		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. YES						
MANNER OF DEATH 51. <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE		DATE OF INJURY 52. MO DAY YR HOUR		INJURY AT WORK? (Specify Yes or No) 53. M 54.		DESCRIBE HOW INJURY OCCURRED 55.		WHERE LOCATED? 56.		STREET ADDRESS CITY OR TOWN STATE		
SUPPLEMENTARY ENTRIES 59.		56.		57.								

Nov 7, 2007

*Patricia Adams*  
PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

the issuing agency

Arizona Department of Health Services

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Book: 472 05/19/2008  
Page: 389 Page: 4 of 4