

DOC # 0211858

05/19/2008

9:25 AM

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



0211858

APN: 002-021-16

Mailing Address of Grantee or Other Person Requesting Recording:

Wilson Barrows & Salyer
442 Court Street
Elko, Nevada 89801

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

**WILSON BARROWS & SALYER
ATTORNEYS AT LAW
442 Court St.
ELKO, NEVADA 89801**

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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0211858

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**.

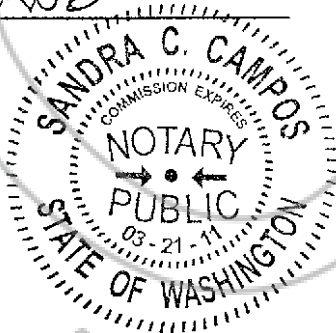
6. This Affidavit is made pursuant to NRS 40.525 and NRS 111.365 for the purpose of terminating the joint tenancy above described, and vesting all right, title and interest of the aforesaid deceased joint tenant solely in the aforesaid surviving joint tenant, all of record.

Shelly Urlacher
Shelly Urlacher

STATE OF Washington)
COUNTY OF Benton) ss.

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

Sandra C. Campos
NOTARY PUBLIC



08050012.jmb
May 1, 2008

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ATTORNEYS AT LAW
442 Court Street
Elko, Nevada 89801

Page 2 of 2

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 HAZEL MARIE MUDD		SEX FEMALE	DATE OF DEATH OCTOBER 17 2007	
RACE (e.g., white, black, American Indian, (specify tribe) etc.) WHITE		WAS DECEASED OF HISPANIC ORIGIN? (SPECIFY YES OR NO) NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.
PLACE OF DEATH MARICOPA PHOENIX		HOSPITAL OR INSTITUTION BANNER GOOD SAMARITAN MEDICAL CENTER		DOA OP FMR IN PATIENT
DATE OF BIRTH MAY 31 1947		AGE (YEARS LAST BIRTHDAY) 60	IF UNDER 1 YEAR MOS. DAYS 60	IF UNDER 1 DAY HRS. MIN. 60
STATE AND CITY OF BIRTH PRIMEVILLE OREGON		CITIZEN OF WHAT COUNTRY? USA	SOCIAL SECURITY NO. WAITRESS	
USUAL RESIDENCE ARIZONA LA PAZ SALOME		ZIP CODE 85348	HOW LONG IN ARIZONA? 1 MONTH	
STREET ADDRESS OF R.F.D. 44660 AVE 42E		INSIDE CITY LIMITS? (SPECIFY YES OR NO) YES	ON RESERVATIONS (SPECIFY YES OR NO) NO	PREVIOUS STATE OF RESIDENCE NEVADA
FATHER'S NAME CHARLIE BROWN		MOTHER'S MAIDEN NAME unk		EDUCATION HIGHEST GRADE COMPLETED 12
INFORMANT'S SIGNATURE <i>Leo D Mudd</i>		RELATIONSHIP TO DECEASED HUSBAND	ADDRESS 44660 AVE 42E SALOME ARIZONA 85348	
BURIAL, CREMATION, REMOVAL (Specify) CREMATION		DATE 10-29-2007		CEMETERY OR CREMATORY - NAME/LOCATION TIAM/SERENITY MORTUARY SERVICES INC PHOENIX ARIZONA
FUNERAL HOME NAME HARPER FUNERAL HOME		STREET ADDRESS 1246 E JEFFERSON ST		CITY AND STATE PHOENIX ARIZONA 85034
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY		TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.
30. SIGNATURE AND TITLE <i>[Signature]</i>		34. SIGNATURE AND TITLE <i>[Signature]</i>		36. PRONOUNCED DEAD (Hour) AT
31. DATE SIGNED (Mo., Day, Year) OCTOBER 19 2007		35. DATE SIGNED (Mo., Day, Year) OCTOBER 19 2007		37. ON
32. HOUR OF DEATH 2330		36. PRONOUNCED DEAD (Hour)		
33. NAME OF ATTENDING PHYSICIAN OF OTHER THAN CERTIFIER (Type or print)		37. ON		
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY GREGORY CHU MD 1111 E MCDOWELL RD PHOENIX ARIZONA 85006		AUTHORIZED FOR CREMATION (SPECIFY) YES		MEDICAL EXAMINER'S SIGNATURE <i>[Signature]</i>
DATE REGISTERED NOV 2 2007		REG. FILE NO. 21454		DATE RECD IN STATE OFFICE 0708
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		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
47C. DUE TO OR AS A CONSEQUENCE OF				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) NO		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO DAY YR HOUR 52 53 54		INJURY AT WORK? (Specify Yes or No) 55
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 56		WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE 57		
SUPPLEMENTARY ENTRIES 58				

Nov 7, 2007

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:

PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

the issuing agency

Arizona
Department of
Health Services

75382442



0211858

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