

Official Record

Recording requested by GEORGE THALLHEIMER JR

Eureka County - NV Mike Rebaleati - Recorder

Fee \$15.00 Page 1 of 2 RPTT: Recorded By: FS Book- 0474 Page- 0249



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

ASSESSOR'S PARCEL NO. (APN#): 002045-03

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO Name: GEORGE W. THALLHEIMER, JR Address: P.O. Box 543 City/State/Zip: CANYONVILLE, OR 97417

I, GEORGE W THALLHEIMER, JR, the Affiant, being of legal age, and being first duly sworn, deposes and says: That MARVEL LORAIN THALLHEIMER (Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as MARVEL L. THALLHEIMER (Deceased Name as shown on Deed)

named as one of the parties in that certain DEED (Type of Document)

dated on the 11-9-89 day of JANUARY, and executed by SLAN SHANBLE, known as "Grantor(s)" to GEORGE W & MARVEL L. THALLHEIMER known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 130635, on the 9TH day of NOV, 1989, in book 205, 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)

LOT 2 OF BLOCK 34 CRESCENT VALLEY RANCH & FARM UNIT #1

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 \$ 1379

In witness Whereof, I/We have hereunto set my hand/our hands this 14TH day of JULY, 20 08

George W. Thallheimer (Signature) (Print or type name here)

STATE OF NEVADA Oregon ) COUNTY OF EUREKA Douglas ) This instrument was acknowledged before me on (date) July 14th, 2008

By (person(s) appearing before notary public) George Thallheimer

(Notary Public) My Commission expires July 24th 2011



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**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**

29,238 (004)

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE PRINT IN PERMANENT INK

EDENT

DEATH OCCURRED IN INSTITUTION HOSPITAL OR OTHER PLACE ITEMS

ENTS

POSITION

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1. DECEASED—NAME First: <b>Marvel</b> Middle: <b>Lorraine</b> Last: <b>THALLHEIMER</b>		2. DATE OF DEATH (Month, Day, Year) <b>January 6, 2005</b>		3a. COUNTY OF DEATH <b>Elko</b>	
3b. CITY, TOWN OR LOCATION OF DEATH <b>Elko</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Northeastern Nevada Reg. Hospital</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. inpatient (Specify) <b>OP/Emer.Rm.</b>	
4. SEX <b>Female</b>		5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>white</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>No</b>	
7a. AGE—Last Birthday (Years) <b>80</b>		7b. UNDER 1 YEAR MOS : DAYS <b>7c.</b>		7c. UNDER 1 DAY HOURS : MINS <b>a. May 28, 1924</b>	
8. STATE OF BIRTH (If not U.S.A., name country) <b>Minnesota</b>		9a. CITIZEN OF WHAT COUNTRY <b>USA</b>		9b. Decedent's Education. Specify highest grade completed. <b>12</b>	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>George Thallheimer</b>		12.	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Bookkeeper</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Car Wash</b>	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN, OR LOCATION <b>Crescent Valley</b>	
15d. STREET AND NUMBER <b>661 6th St.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No)			
16. FATHER—NAME First Middle Last <b>Olson</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Grace</b>		
18a. INFORMANT—NAME (Type or Print) <b>George Thallheimer (Husband)</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 211307 Crescent Valley 89821</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY—NAME <b>Elko City Cemetery</b>		19c. LOCATION City or Town State <b>Elko Nevada</b>	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>7</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803</b>	
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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>1-12-05</b>			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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH <b>1433</b>		
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. PRONOUNCED DEAD (Mo., Day, Yr.)		
21c. HOUR OF DEATH			22c. PRONOUNCED DEAD (Hour)		
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			22d. ON		
23a. <b>Jill Oswalt, MD 2001 Erreart Blvd. Elko, NV 89801</b>			22e. AT		
23b. LICENSE NUMBER <b>6077</b>					
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>January 14, 2005</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Acute Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death <b>Immediate</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>NO</b>	
28a. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN	
28j. STATE					

STATE REGISTRAR

No. 279150

33104

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**JAN 27 2005**

*[Signature]*  
STATE REGISTRAR

Signature of Registrar.



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