

DOC # 0212147

07/17/2008

04:19 PM

Official Record

Recording requested By
GEORGE THALLHEIMER JREureka County - NV
Mike Rebaleati - Recorder

Fee \$15.00

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RPTT:

Recorded By: FS

Book- 0474 Page- 0249



0212147

Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)ASSESSOR'S PARCEL NO. (APN#): 002-045-03

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: GEORGE W. THALLHEIMER, JRAddress: P.O. Box 543City/State/Zip: CANYONVILLE, OR 97417I, GEORGE W. THALLHEIMER, JR, the Affiant, being of legal age, and being first duly sworn,
deposes and says:That MARVEL LORAIN THALLHEIMER, the decedent mentioned in the
(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 11-8-89 day of NOV, 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 #1That 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 08George W. Thallheimer Jr
(Signature)

(Signature)

(Print or type name here)

(Print or type name here)

STATE OF NEVADA OregonCOUNTY OF EUREKA DouglasThis instrument was acknowledged before me on (date) July 14th, 2008By (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 STATISTICSSTATE 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

DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1. Marvel Loraine THALLHEIMER		2. January 6, 2005		3a. Elko	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. inpatient (Specify)	
3b. Elko		3c. Northeastern Nevada Reg. Hospital		3e. OP/Emer.Rm.	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
5. white		6. No		7a. 80	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. Minnesota		9b. USA		10. 12	
SOCIAL SECURITY NUMBER		OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. [REDACTED]		14a. Bookkeeper		14b. Car Wash	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Eureka		15c. Crescent Valley	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
16. Olson		17. Grace		15d. 661 6th St.	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. George Thallheimer (Husband)		18b. P.O. Box 211307 Crescent Valley 89821			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Burial		19b. Elko City Cemetery		19c. Elko Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		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)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 1-12-05		21c. 1433		21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)	
21d. Jill Oswalt, MD 2001 Erreart Blvd. Elko, NV 89801		21e. 6077		21f. LICENSE NUMBER	
21f. REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]		24b. January 14, 2005		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		Immediate	
PART I (a) Acute Cardiopulmonary Arrest		Interval between onset and death		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. No		27. NO		27. NO	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. [REDACTED]		28b. [REDACTED]		28c. M 28d. [REDACTED]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28e. [REDACTED]		28f. [REDACTED]		28g. [REDACTED]	

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

STATE REGISTRAR

Signature of Registrar:



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