

DOC # 0212997

12/29/2008

02:22 PM

Official Record

Recording requested By
HECKINGER & ASSOC

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By: FES

Book- 0484 Page- 0314

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

ASSESSOR'S PARCEL NO. (APN#): 005-220-03, 005-520-04,
005-290-09

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO:

Name: Anne R. Smith

Address: 1614 West Campbell Ave.

City/State/Zip: Phoenix, AZ 85015



0212997

I, Anne R. Smith, the Affiant, being of legal age, and being first duly sworn,
deposes and says:

That Thomas Leighton Smith, the decedent mention in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Thomas L. Smith

(Deceased Name as shown on Deed)

named as one of the parties in that certain Deed

(Type of Document)

dated on the 2nd day of August, 1988, and executed by

Dora E & Chalmer Keating, known as "Grantor(s)" to Anne R. Smith & Thomas L. Smith

known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 121649, on the

day of December, 2008, in book 184/345, of Official Records of

Eureka County, Nevada, covering the following described property situated in the City of

Eureka County of Eureka, State of Nevada.

(Set forth legal description and commonly known street address, if known)

Parcel # 005-220-03 - Legal Description: S2N2SW4;NE4NE4SW4, Sect/Lot: 23, Town/Block :30, Range: 48,
Acres: 50

Parcel # 005-520-04 - Legal Description: N2S4W4;S2SE4NW4SW4, Sect/Lot: 19, Town/Block: 29, Range: 49,
Acres: 8.080

Parcel #005-290-09 - Legal Description: SE4SE4NW4, Sect/Lot: 5, Town/Block: 30, Range: 49, Acres: 10.000

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 \$ 4,542.

In witness Whereof, I/We have hereunto set my hand/our hands this 22nd day of December, 20 08

Anne R. Smith

(Signature)

Anne R. Smith

(Print or type name here)

(Signature)

(Print or type name here)

STATE OF ARIZONA

COUNTY OF PIMA

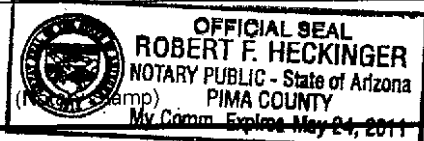
This instrument was acknowledged before me on (date) DECEMBER 22, 2008

By (person(s) appearing before notary public) ANNE R. SMITH

Robert F. Heckinger

(Notary Public)

My Commission expires: 5/24/2011



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

ORIGINAL
STATE
COPY

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

DEATH NO.
102-2008-035456

NAME OF DECEASED 1. THOMAS		A. FIRST THOMAS		B. MIDDLE LEIGHTON		C. LAST SMITH		SEX 2. MALE		DATE OF DEATH 3. 09-12-2008		MONTH DAY YEAR	
RACE 4A. CAUCASIAN		WAS DECEDENT OF HISPANIC ORIGIN: 4B. NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC 4C.		WAS DECEASED EVER IN U.S. ARMED FORCES? 5. NO							
PLACE OF DEATH 6. PIMA		6A. COUNTY ORO VALLEY		6B. TOWN OR CITY ORO VALLEY		6C. HOSPITAL OR INSTITUTION 11735 N. VISTA DEL SOL		6D. DECEDENT'S RESIDENCE					
DATE OF BIRTH 7. 10-03-1935		AGE (YEARS LAST BIRTHDAY) 8A. 72		F UNDER 1 YEAR MOS. DAYS 8B.		F UNDER 1 DAY HRS. MIN 8C.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. MARRIED		SURVIVING SPOUSE 10. BEVERLY CHAMBERS		(IF WIFE, GIVE MAIDEN NAME)	
STATE AND CITY OF BIRTH 11. COVIN CITY, CALIFORNIA		CITIZEN OF WHAT COUNTRY? 12. BLANK		SOCIAL SECURITY NO. 13. [REDACTED]		USUAL OCCUPATION 14A. OWNER		KIND OF BUSINESS OR INDUSTRY 14B. CONSTRUCTION					
USUAL RESIDENCE 15. ARIZONA		15A. STATE PIMA		15B. COUNTY ORO VALLEY		15C. TOWN OR CITY ORO VALLEY		15D. ZIP CODE 85742		15E. HOW LONG IN ARIZONA? 27 YEARS		15F. EDUCATION HIGHEST GRADE COMPLETED ELEVENTH GRADE	
STREET ADDRESS OR R.F.D. 15E. 11735 N VISTA DEL SOL, Q		INSIDE CITY LIMITS? 15F. YES		ON RESERVATIONS 15G. NO		PREVIOUS STATE OF RESIDENCE 16. INTENTIONALLY LEFT BLANK		16A. ELEMENTARY SECONDARY (0-12) 11		16B. COLLEGE (13-16) [REDACTED]			
FATHER'S NAME 19. MERRITT		A. FIRST DONALD		B. MIDDLE SMITH		MOTHER'S MAIDEN NAME 20. DORIS		A. FIRST VOSBURGH		B. MIDDLE [REDACTED]		C. LAST [REDACTED]	
INFORMANT'S SIGNATURE 21. BEVERLY BETH SMITH		RELATIONSHIP TO DECEASED 22. SPOUSE		ADDRESS 23. 11735 N VISTA DEL SOL Q, ORO VALLEY, ARIZONA 85742		STREET NO. [REDACTED]		CITY AND STATE [REDACTED]		ZIP CODE [REDACTED]			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. BURIAL		DATE 25. 09-16-2008		CEMETERY OR CREMATORY - NAME/LOCATION 26. EAST LAWN CEMETERY, TUCSON, ARIZONA		EMBALMER'S SIGNATURE 27A. INTENTIONALLY LEFT BLANK		CERT. NO. 27B. [REDACTED]					
FUNERAL HOME 28. MORTUARY		NAME CARRILLO'S TUCSON		STREET ADDRESS PO BOX 2387 TUCSON, AZ		CITY AND STATE TUCSON, AZ		FUNERAL DIRECTOR or person acting as such (SIGNATURE) LEO C. CARRILLO, FUNERAL		CERT. NO. 29A. DIRECTOR F0858			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 30. SIGNATURE AND TITLE PETER BROWN MD		DATE SIGNED (Mo., Day, Year) 31. 09-16-2008		HOUR OF DEATH 32. 1700		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. 34. SIGNATURE AND TITLE [REDACTED]		DATE SIGNED (Mo., Day, Year) 35. [REDACTED]		HOUR OF DEATH 36. [REDACTED]			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 33. [REDACTED]		NAME OF MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY 37. ON		NAME OF MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY 38. AT									
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 39. PETER BROWN MD		1760 E. RIVER RD. #230 TUCSON, AZ 85718		AUTHORIZED FOR CREMATION 40. NO		MEDICAL EXAMINER'S SIGNATURE 41. [REDACTED]							
DATE REGISTERED 42. 09-16-2008		REG. FILE NO. 2008PM-017804		REGISTRAR'S SIGNATURE 44. AUDREY ROGERS		REG. DISTRICT 45. INTENTIONALLY LEFT BLANK		DATE REC'D IN STATE OFFICE 46. INTENTIONALLY LEFT BLANK					
47. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) RESPIRATORY FAILURE		47B. DUE TO OR AS A CONSEQUENCE OF: COPD		47C. DUE TO OR AS A CONSEQUENCE OF: [REDACTED]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UNKNOWN							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY 49. NO		WAS CASE REFERRED TO MEDICAL EXAMINER 50. NO									
MANNER OF DEATH 51. NATURAL DEATH		DATE OF INJURY 52. [REDACTED]		MO DAY YR HOUR 53. [REDACTED]		INJURY AT WORK? 54. [REDACTED]		DESCRIBE HOW INJURY OCCURRED 55. [REDACTED]					
PLACE OF INJURY (SPECIFY) 56. [REDACTED]		WHERE LOCATED? 57. [REDACTED]		STREET ADDRESS [REDACTED]		CITY OR TOWN [REDACTED]		STATE [REDACTED]					
SUPPLEMENTARY ENTRIES													

Date Issued: 10-02-2008

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:

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services

62028316



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