

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



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

named as one of the parties in that certain Deed (Deceased Name as shown on 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 12th day of March, 2009, 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

Corrected Legal Description: N2SE4NW4SW4;S2SE4NW4SW4

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 12th day of March, 20 09

(Signature) Anne R. Smith (Signature)

(Print or type name here)

STATE OF ARIZONA ) )

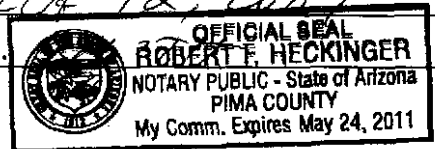
COUNTY OF PIMA ) )

This instrument was acknowledged before me on (date) MARCH 12, 2009

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

(Notary Public) Robert F Heckinger

My Commission expires: 5-24-2011



(Notary Stamp)

**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. 102-2008-035456

1. NAME OF DECEASED A. FIRST: THOMAS B. MIDDLE: LEIGHTON C. LAST: SMITH			2. SEX: MALE		3. DATE OF DEATH MONTH: 09, DAY: 12, YEAR: 2008		
4A. CAUCASIAN			4B. NO		4C. NO		
6. PLACE OF BIRTH PIMA		8A. COUNTY ORO VALLEY		8B. TOWN OR CITY 11735 N. VISTA DEL SOL			8D. DECEDENT'S RESIDENCE
7. DATE OF BIRTH 10-03-1935		8A. AGE (YEARS LAST BIRTHDAY) 72	8B. UNDER 1 YEAR MOS. DAYS 88	8C. UNDER 1 DAY HRS. MIN 8C.	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) BEVERLY CHAMBERS
11. STATE AND CITY OF BIRTH COVIN CITY, CALIFORNIA		12. CITIZEN OF WHAT COUNTRY? INTENTIONALLY LEFT BLANK		14A. USUAL OCCUPATION OWNER		14B. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15. USUAL RESIDENCE ARIZONA		15A. STATE PIMA	15B. COUNTY ORO VALLEY		15C. TOWN OR CITY 85742	15D. ZIP CODE 27 YEARS	17. EDUCATION HIGHEST GRADE COMPLETED ELEVENTH GRADE
15E. STREET ADDRESS OR R.F.D. 11735 N VISTA DEL SOL, Q		15F. INSIDE CITY LIMITS? YES	15G. ON RESERVATIONS NO	18. PREVIOUS STATE OF RESIDENCE INTENTIONALLY LEFT BLANK		18A. ELEMENTARY SECONDARY (0-12) 11	18B. COLLEGE (1-4 or 5+)
19. FATHER'S NAME MERRITT DONALD SMITH		20. MOTHER'S MAIDEN NAME DORIS VOSBURGH		21. INFORMANT'S SIGNATURE BEVERLY BETH SMITH			
22. RELATIONSHIP TO DECEASED SPOUSE		23. ADDRESS 11735 N VISTA DEL SOL Q, ORO VALLEY, ARIZONA 85742					
24. BURIAL CEMETERY, REMOVAL, OTHER (Specify) BURIAL		25. DATE 09-16-2008		26. CEMETERY OR CREMATORY - NAME/LOCATION EAST LAWN CEMETERY, TUCSON, ARIZONA		27A. EMBALMER'S SIGNATURE INTENTIONALLY LEFT BLANK	27B. CERT. NO.
28. FUNERAL HOME CARRILLO'S TUCSON MORTUARY		29. NAME PO BOX 2387 TUCSON, AZ		30. STREET ADDRESS CITY AND STATE		31. FUNERAL DIRECTOR or person acting as such (SIGNATURE) LEO C. CARRILLO, FUNERAL DIRECTOR	32. CERT. NO. F085P
33. 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 31. DATE SIGNED (Mo., Day, Year) 09-16-2008 32. HOUR OF DEATH 1700 33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER				34. TO 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 35. DATE SIGNED (Mo., Day, Year) 36. HOUR OF DEATH 37. PRONOUNCED DEAD (Mo., Day, Year) 38. AT 39. ON			
39. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY PETER BROWN MD 1760 E. RIVER RD. #230 TUCSON, AZ 85718				40. AUTHORIZED FOR CREMATION NO		41. MEDICAL EXAMINER'S SIGNATURE	
42. DATE REGISTERED 09-16-2008		43. REG. FILE NO. 2008PM-43,017804	44. REGISTRAR'S SIGNATURE AUDREY ROGERS		45. REG. DISTRICT INTENTIONALLY LEFT BLANK	46. DATE RECD IN STATE OFFICE INTENTIONALLY LEFT BL	
47. SEQUENTIALLY 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 ONEACH LINE) RESPIRATORY FAILURE					47B. DUE TO OR AS A CONSEQUENCE OF. UNKNOWN	
	47C. DUE TO OR AS A CONSEQUENCE OF. COPD					UNKNOWN	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				49. AUTOPSY NO		50. WAS CASE REFERRED TO MEDICAL EXAMINER NO	
48. MANNER OF DEATH NATURAL DEATH		52. DATE OF INJURY MO: DAY: YR: HOUR:		53. INJURY AT WORK?	54. DESCRIBE HOW INJURY OCCURRED		
51. SUPPLEMENTARY ENTRIES		56. PLACE OF INJURY SPECIFY		57. WHERE LOCATED?	55. STREET ADDRESS CITY OR TOWN STATE		

0208231E

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:

*Patricia Adams*

PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR

Arizona  
Department of  
Health Services

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



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