

Official Record

Recording requested By
HECKINGER & ASSOCEureka County - NV
Mike Rebaleati - Recorder

Fee \$15.00

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RPTT.

Recorded By FES

Book- 0486 Page- 0128

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



0213192

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

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

A handwritten signature of Anne R. Smith in black ink.

(Signature)

Anne R. Smith

(Print or type name here)

(Signature)

(Print or type name here)

STATE OF ARIZONA

COUNTY OF PIMA

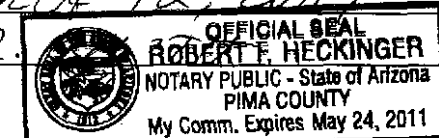
This instrument was acknowledged before me on (date) MARCH 12, 2009

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

A handwritten signature of Robert F. Heckinger in black ink.

(Notary Public)

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 THOMAS LEIGHTON SMITH			2. SEX MALE		3. DATE OF DEATH 09-12-2008		
4. RACE CAUCASIAN			5. WAS DECEASED EVER IN U.S. ARMED FORCES? NO			6. DECEASED'S RESIDENCE	
7. PLACE OF BIRTH PIMA			8. TOWN OR CITY ORO VALLEY			9. HOSPITAL OR INSTITUTION 11735 N. VISTA DEL SOL	
10. DATE OF BIRTH 10-03-1935			11. AGE (YEARS) 72			12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED	
13. STATE AND CITY OF BIRTH COVIN CITY, CALIFORNIA			14. CITIZEN OF WHAT COUNTRY? INTENTIONALLY LEFT BLANK			15. USUAL OCCUPATION OWNER	
16. USUAL RESIDENCE ARIZONA			17. COUNTY PIMA			18. TOWN OR CITY ORO VALLEY	
19. STREET ADDRESS OR R.F.D. 11735 N VISTA DEL SOL, Q			20. INSIDE CITY LIMITS? YES			21. ON RESERVATIONS NO	
22. FATHER'S NAME MERRITT DONALD SMITH			23. MOTHER'S MAIDEN NAME DORIS VOSBURGH			24. PREVIOUS STATE OF RESIDENCE INTENTIONALLY LEFT BLANK	
25. INFORMANT'S SIGNATURE BEVERLY BETH SMITH			26. RELATIONSHIP TO DECEASED SPOUSE			27. ADDRESS 11735 N VISTA DEL SOL Q, ORO VALLEY, ARIZONA 85742	
28. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) BURIAL			29. DATE 09-16-2008			30. CEMETERY OR CREMATORY - NAME/LOCATION EAST LAWN CEMETERY, TUCSON, ARIZONA	
31. FUNERAL HOME CARRILLO'S TUCSON			32. NAME PO BOX 2387 TUCSON, AZ			33. STREET ADDRESS PO BOX 2387 TUCSON, AZ	
34. CITY AND STATE TUCSON, AZ			35. FUNERAL DIRECTOR or person acting as such (SIGNATURE) LEO C. CARRILLO, FUNERAL			36. CERT. NO. F085P	
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			38. 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.			39. APPROXIMATE INTERVIEW BETWEEN ONSET AND DEATH	
40. SIGNATURE AND TITLE PETER BROWN MD			41. DATE SIGNED (Mo., Day, Year) 09-16-2008			42. HOUR OF DEATH 1700	
43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			44. PRONOUNCED DEAD (Mo., Day, Year)			45. PRONOUNCED DEAD (Hour)	
46. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY PETER BROWN MD 1760 E. RIVER RD. #230 TUCSON, AZ 85718			47. AUTHORIZED FOR CREMATION NO			48. MEDICAL EXAMINER'S SIGNATURE	
49. DATE REGISTERED 09-16-2008			50. REG. FILE NO. 2008PM-017804			51. REGISTRAR'S SIGNATURE AUDREY ROGERS	
52. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) RESPIRATORY FAILURE			53. DATE RECD IN STATE OFFICE INTENTIONALLY LEFT BLANK			54. INTENTIONALLY LEFT BL	
55. DUE TO OR AS A CONSEQUENCE OF COPD			56. UNKNOWN			57. UNKNOWN	
58. DUE TO OR AS A CONSEQUENCE OF			59. UNKNOWN			60. UNKNOWN	
61. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I			62. AUTOPSY NO			63. WAS CASE REFERRED TO MEDICAL EXAMINER NO	
64. MANNER OF DEATH NATURAL DEATH			65. DATE OF INJURY NO			66. INJURY AT WORK? NO	
67. PLACE OF INJURY SPECIFY			68. WHERE LOCATED?			69. STREET ADDRESS	
70. CITY OR TOWN			71. STATE			72. 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

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