



0213264

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

ASSESSOR'S PARCEL NO. (APN#): 007-140-22

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: <u>MURIEL M Miles</u>
Address: <u>8721 Via Media Way</u>
City/State/Zip: <u>ELK GROVE, Ca 95624</u>

I, MURIEL M. MILES, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That HAROLD Ralph Miles, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as HAROLD Ralph Miles
(Deceased Name as shown on Deed)

named as one of the parties in that certain Joint Tenancy Deed,
(Type of Document)

dated on the 25th day of April, 1975, and executed by Harry L. and Phyllis Eggerton, known as "Grantor(s)" to Harold R. and Muriel M. Miles, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 60713, on the 25th day of April, 1975, in book 23, 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)

1421 Mustang Rd.
Sec 27 - T 22 - R 54
W2 - W2

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 \$ less 100,000.

In witness Whereof, I/We have hereunto set my hand/our hands this 3rd day of April, 2009

Muriel M. Miles
(Signature)
MURIEL M. Miles
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA California)
COUNTY OF EUREKA Sacramento)
This instrument was acknowledged before me on (date) 4-3-09

By (person(s) appearing before notary public) Gary Higley
A

(Notary Public)
My Commission expires: Sept 12, 2012



CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
 USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS)
 VS-11 (REV. 1/00) LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) **HAROLD** 2. MIDDLE **RALPH** 3. LAST (FAMILY) **MILES**

4. DATE OF BIRTH M/M/D/D/C/C/Y Y 5. AGE YRS **78** 6. SEX **M** 7. DATE OF DEATH M/M/D/D/C/C/Y B. HOUR **07/07/2001 2150**

8. STATE OF BIRTH **UT** 9. SOCIAL SECURITY NO. **[REDACTED]** 10. MILITARY SERVICE YES NO LINK **Married** 11. MARITAL STATUS **12** 12. EDUCATION—YEARS COMPLETED

13. RACE **Caucasian** 14. HISPANIC—SPECIFY YES NO **Self Employed** 15. USUAL EMPLOYER

16. OCCUPATION **Farmer** 17. KIND OF BUSINESS **Agriculture** 18. YEARS IN OCCUPATION **38**

19. RESIDENCE—(STREET AND NUMBER OR LOCATION)
8687 Elk Ridge Way

20. CITY **Elk Grove** 21. COUNTY **Sacramento** 22. ZIP CODE **95624** 23. YRS IN COUNTY **38** 24. STATE OR FOREIGN COUNTRY **California**

25. NAME, RELATIONSHIP **Muriel Mae Miles, Wife** 26. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
8687 Elk Ridge Way Elk Grove, CA-95624

27. NAME OF SURVIVING SPOUSE—FIRST **Muriel** 28. MIDDLE **Mae** 29. LAST (MAIDEN NAME) **Hotaling**

30. NAME OF FATHER—FIRST **Ralph** 31. MIDDLE **Maxwell** 32. LAST **Miles** 33. BIRTH STATE **UT**

34. NAME OF MOTHER—FIRST **Eve** 35. MIDDLE **May** 36. LAST **Benson** 37. BIRTH STATE **UT**

38. DATE M/M/D/D/C/C/Y **07/13/2001** 39. PLACE OF FINAL DISPOSITION **Pleasant Grove Cemetery, Pleasant Grove, California**

40. TYPE OF DISPOSITION **BU** 41. SIGNATURE OF EMBALMER *[Signature]* 42. LICENSE NO. **EMB5994**

43. NAME OF FUNERAL DIRECTOR **Chapel of the Valley** 44. LICENSE NO. **FD 1671** 45. SIGNATURE OF LOCAL REGISTRAR *[Signature]* 46. DATE M/M/D/D/C/C/Y **07/13/2001 CCH**

101. PLACE OF DEATH **Own Residence** 102. IF HOSPITAL, SPECIFY ONE: IP ER/OP DOA CONV. HOSP. RES. CARE OTHER 103. FACILITY OTHER THAN HOSPITAL 104. COUNTY **Sacramento**

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)
8687 Elk Ridge Way 106. CITY **Elk Grove**

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

IMMEDIATE CAUSE (A) **Metastatic Thyroid Cancer** TIME INTERVAL BETWEEN DEATH AND DEATH **4 Mos.** 109. DEATH REPORTED TO CORONER YES NO **01-3179**

DUE TO (B) **Thyroid Cancer** **6 Yrs.** 110. BIOPSY PERFORMED YES NO

DUE TO (C) YES NO 111. AUTOPSY PERFORMED YES NO

DUE TO (D) YES NO 111. USED IN DETERMINING CAUSE YES NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.
Thyroidectomy --/--/1995 Biopsy of Thyroid --/--/1995

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED SINCE DECEASED LAST SEEN ALIVE M/M/D/D/C/C/Y M/M/D/D/C/C/Y **09/12/2000 05/22/2001** 115. SIGNATURE AND TITLE OF CERTIFIER *[Signature]* 116. LICENSE NO. **C 35680** 117. DATE M/M/D/D/C/C/Y **07/12/2001**

118. TYPE (ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP)
Virginia White, M.D. Mather AFB, California, 95655

119. MANNER OF DEATH NATURAL SUICIDE HOMICIDE ACCIDENT PENDING INVESTIGATION COULD NOT BE DETERMINED

120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. YES NO 121. INJURY AT WORK YES NO 122. HOUR YES NO 123. PLACE OF INJURY

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)

126. SIGNATURE OF CORONER OR DEPUTY CORONER **385696** 127. DATE M/M/D/D/C/C/Y **07/13/2001** 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR A B C D E F G H I J K L M N O P Q R S T U V W X Y Z **CERTIFIED COPY OF VITAL RECORDS** FAX AUTH. # **6424** CENSUS TRACT

STATE OF CALIFORNIA } SS
 COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **July 17, 2001**

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

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 LOCAL REGISTRAR
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