

**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: MURIEL M Miles
Address: 8721 Via Media Way
City/State/Zip: ELK GROVE, Ca 95624



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 - T22 - R54
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

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 12/17/1922		5. AGE YRS. 78		6. SEX M		7. DATE OF DEATH M/M/D/D/C/C/Y/Y 07/07/2001		8. HOUR 2150		
9. STATE OF BIRTH UT		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK		12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 12		
14. RACE Caucasian			15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER Self Employed				
17. OCCUPATION Farmer			18. KIND OF BUSINESS Agriculture			19. YEARS IN OCCUPATION 38				
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 8687 Elk Ridge Way										
21. CITY Elk Grove			22. COUNTY Sacramento		23. ZIP CODE 95624		24. YRS IN COUNTY 38	25. STATE OR FOREIGN COUNTRY California		
26. NAME, RELATIONSHIP Muriel Mae Miles, Wife				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 8687 Elk Ridge Way Elk Grove, CA-95624						
28. NAME OF SURVIVING SPOUSE—FIRST Muriel			29. MIDDLE Mae		30. LAST (MAIDEN NAME) Hotaling					
31. NAME OF FATHER—FIRST Ralph			32. MIDDLE Maxwell		33. LAST Miles		34. BIRTH STATE UT			
35. NAME OF MOTHER—FIRST Eve			36. MIDDLE May		37. LAST (MAIDEN) Benson		38. BIRTH STATE UT			
39. DATE M/M/D/D/C/C/Y/Y 07/13/2001		40. PLACE OF FINAL DISPOSITION Pleasant Grove Cemetery, Pleasant Grove, California								
41. TYPE OF DISPOSITION(S) BU			42. SIGNATURE OF EMBALMER <i>[Signature]</i>			43. LICENSE NO. EMB5994				
44. NAME OF FUNERAL DIRECTOR Chapel of the Valley			45. LICENSE NO. FD 1671		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE M/M/D/D/C/C/Y/Y 07/13/2001 CCH			
101. PLACE OF DEATH Own Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		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)						TIME INTERVAL BETWEEN DEATH AND DEATH	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 01-3179			
IMMEDIATE CAUSE (A) Metastatic Thyroid Cancer						4 Mos.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (B) Thyroid Cancer						6 Yrs.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (C)							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)							<input type="checkbox"/> YES <input type="checkbox"/> 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. DECEDENT ATTENDED SINCE [] DECEASED LAST SEEN ALIVE M/M/D/D/C/C/Y/Y			115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			116. LICENSE NO. C 35680		117. DATE M/M/D/D/C/C/Y/Y 07/12/2001		
118. TYPE (ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP) 09/12/2000 05/22/2001 Virginia White, M.D. Mather AFB, California, 95655			119. TYPE (ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP)			120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			121. INJURY DATE M/M/D/D/C/C/Y/Y	
122. HOUR			123. PLACE OF INJURY			124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED										
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)			126. SIGNATURE OF CORONER OR DEPUTY CORONER						127. DATE M/M/D/D/C/C/Y/Y	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			129. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER							

385696

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
 COUNTY OF SACRAMENTO } SS

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.

203359

LOCAL REGISTRAR
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ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE