

DOC # 0213264

05/01/2009

09:59 AM

Official Record

Recording requested By
MARIAN BYLER

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By: FES

Book- 0487 Page- 0034



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: MURIEL M MilesAddress: 8721 Via Media WayCity/State/Zip: ELK GROVE, Ca 95624I, 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 - W2That 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 100,000In witness Whereof, I/We have hereunto set my hand/our hands this 3rd day of April, 20 09Muriel M. Miles
(Signature)

(Signature)

MURIEL M. Miles
(Print or type name here)

(Print or type name here)

STATE OF NEVADA CaliforniaCOUNTY OF EUREKA SacramentoThis instrument was acknowledged before me on (date) 4-3-09By (person(s) appearing before notary public) Gary Hogley

(Notary Public)

My Commission expires: Sept 12, 2012

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORDSACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER				
DECEDENT PERSONAL DATA	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	12/17/1922		5. AGE YRS.	78		6. SEX	M		
	7. DATE OF DEATH M/M/D/D/C/C/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"/> UNK		
	12. MARITAL STATUS	Married		13. EDUCATION—YEARS COMPLETED	12					
USUAL RESIDENCE	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					
INFORMANT	26. NAME, RELATIONSHIP	Muriel Mae Miles, Wife		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)						
	28. NAME OF SURVIVING SPOUSE—FIRST		Muriel		29. MIDDLE	Mae		30. LAST (MAIDEN NAME)	Hotaling	
SPOUSE AND PARENT INFORMATION	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									
DISPOSITION(S)	39. DATE M/M/D/D/C/C/Y	07/13/2001		40. PLACE OF FINAL DISPOSITION						
		Pleasant Grove Cemetery, Pleasant Grove, California								
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S)	BU		42. SIGNATURE OF EMBALMER		43. LICENSE NO.		EMB5994		
	44. NAME OF FUNERAL DIRECTOR	Chapel of the Valley		45. LICENSE NO.		FD 1671		46. SIGNATURE OF LOCAL REGISTRAR	Glenn H. Trickett, M.D.	
PLACE OF DEATH	101. PLACE OF DEATH	Own Residence		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY		
	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	8687 Elk Ridge Way		106. CITY		Sacramento		Elk Grove		
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER		109. BIOPSY PERFORMED		110. AUTOPSY PERFORMED	
	(A) Metastatic Thyroid Cancer		4 Mos.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	(B) Thyroid Cancer		6 Yrs.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	(C)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	(D)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" 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										
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN		116. LICENSE NO.		117. DATE M/M/D/D/C/C/Y			
	09/12/2000 05/22/2001		Virginia White, M.D. Mather AFB, California, 95655		C 35680		07/12/2001			
CORONER'S USE ONLY	118. TYPE (ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP)		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120. INJURY AT WORK		121. INJURY DATE M/M/D/D/C/C/Y		122. HOUR	
	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		127. DATE M/M/D/D/C/C/Y	
	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		129. FAX AUTH. #		130. CENSUS TRACT					

385696

STATE
REGISTRARSTATE OF CALIFORNIA
COUNTY OF SACRAMENTO

CERTIFIED COPY OF VITAL RECORDS

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203359

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.

LOCAL REGISTRAR
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