

APN: 002-027-27

Send Tax Statements to:
Kollene Schwartz
Box 211099
Crescent Valley, NV 89821

When recorded return to:
James M. Copenhaver, P.C.
950 Idaho Street
Elko, NV 89801

DOC # 0213279

05/11/2009

01:54 PM

Official Record

Recording requested By
JAMES M COPENHAVER PC

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$16.00

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RPTT:

Recorded By: LLH

Book- 0487 Page- 0069



0213279

AFFIDAVIT TERMINATING JOINT TENANCY PURSUANT TO NRS 111.365

STATE OF NEVADA)
) ss.
COUNTY OF ELKO)

I, **KOLLENE K. SCHWARTZ**, do hereby swear (or affirm) under penalty of perjury that the following assertions of this Affidavit are true.

1. I am the surviving spouse of **GAYLEN K. SCHWARTZ**.

2. **GAYLEN K. SCHWARTZ** and I acquired title to the following described property located in the County of Eureka, State of Nevada, by that certain document dated August 13, 1999 and recorded on August 13, 1999, as File No. 173596, official records Eureka County Recorder, Eureka County, State of Nevada. **GAYLEN K. SCHWARTZ** acquired title to said real property as a joint tenant with **KOLLENE K. SCHWARTZ**. Said real property being located in County of Eureka, State of Nevada, and more specifically described as follows:

Lots 9 and 10 of Block 2, Crescent Valley Ranch and Farms, Unit #1, created by consolidation of parcels 002-027-06 and 002-027-05.

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3. **GAYLEN K. SCHWARTZ**, died in the City of Elko, County of Elko, State of Nevada on the 16th day of February, 2009. A certified copy of the death certificate of **GAYLEN K. SCHWARTZ** is attached to this Affidavit and made a part thereof.

4. I am making this Affidavit for recording and for the purpose of showing that all right, title interest or estate of **GAYLEN K. SCHWARTZ** in the above described real property has terminated by virtue of his death and that title to the real property is now vested solely in his surviving joint tenant, **KOLLENE K. SCHWARTZ**, as her sole and separate property.

DATED this 7th day of May, 2009.

Kollene K. Schwartz
KOLLENE K. SCHWARTZ

State of NEVADA
County of ELKO

This instrument was acknowledged before me on the 7th day of May, 2009, by **KOLLENE K. SCHWARTZ**.

Jennifer L. Miller
NOTARY PUBLIC



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2009002291

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATHCONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) Gaylen Kasper SCHWARTZ		2. DATE OF DEATH (Mo/Day/Year) February 16, 2009		3a. COUNTY OF DEATH Elko	
3b. CITY, TOWN, OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Northeastern Nevada Regional Health		3d. Hosp. or Inst. indicate DOA, OP, Emer. Rm (inpatient) (Specify) Emergency Room / Outpatient	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 58	
9a. STATE OF BIRTH (If not U.S.A., name country) North Dakota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Drill Operator		14b. KIND OF BUSINESS OR INDUSTRY Mining	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley	
16. FATHER - NAME (First Middle Last Suffix) Matt SCHWARTZ		17. MOTHER - NAME (First Middle Last Suffix) Barbra MOREL		18. DATE OF BIRTH (Mo/Day/Yr) July 08, 1950	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89603	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) R SCOTT BURNS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 07		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89603	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Oswalt, Jill Leslie					
22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) WILLIAM WEBB CORONER SIGNATURE AUTHENTICATED 22b. DATE SIGNED (Mo/Day/Yr) February 19, 2009 22c. HOUR OF DEATH 10:29 22d. PRONOUNCED DEAD (Mo/Day/Yr) February 16, 2009 22e. PRONOUNCED DEAD AT (Hour) 10:29					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) William Webb CORONER 569 Court St. Elko, NV 89601					
23b. LICENSE NUMBER					
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED					
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 23, 2009					
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Tobacco Use DUE TO, OR AS A CONSEQUENCE OF: (d)					
26. AUTOPSY (Specify Yes or No) No					
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)					
28b. DATE OF INJURY (Mo/Day/Yr)					
28c. HOUR OF INJURY					
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)					
28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify)					
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE					

STATE REGISTRAR

VRS Rev. 2005

261463

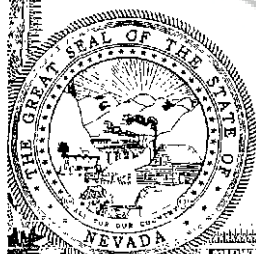
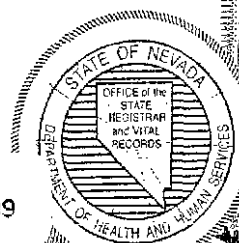
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED:

03/10/2009

This copy is not valid unless it is accompanied by the original document.

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

ANY ALTERATION OR FALSIFICATION OF THIS CERTIFICATE

0213279

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