



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

ASSESSOR'S PARCEL NO. (APN#): 005-060-10

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: <u>TED R CARRION</u>
Address: <u>PO BOX 159</u>
City/State/Zip: <u>EUREKA, NV. 89314</u>

I, TED R. CARRION, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That RONALD A. CARRION, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as RONALD A. CARRION
(Deceased Name as shown on Deed)

named as one of the parties in that certain DEED Document # 130638
(Type of Document)

dated on the 8th day of November, 1989, and executed by
Jean Shangle, Trustee, known as "Grantor(s)" to Ted R and Ronald A. Carrion,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 130638, on the
8th day of November, 1989, in book 205, 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)

T31N, R48E M08F04 SECTION 25 S1/2 S1/2

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 \$ 900,000.00

In witness Whereof, I/We have hereunto set my hand/our hands this 6 day of OCT, 2009

Ted R Carrion
(Signature)
TED R. CARRION
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on (date)

October 6, 2009

By (person(s) appearing before notary public)

Ted R. Carrion

(Notary Public)

My Commission expires:

July 10, 2010



GLADY GOICOECHEA
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No: 94-03293 Expires July 10, 2010

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

CERTIFICATE OF DEATH

2009001980

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 DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Ronald Anthony CARRION		2. DATE OF DEATH (Mo/Day/Year) February 02, 2009		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) St Mary's Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 63		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS	
8. DATE OF BIRTH (Mo/Day/Yr) May 08, 1945		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Self-employed		14b. KIND OF BUSINESS OR INDUSTRY Resturant/gaming	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 410 Country Road Hwy 101		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Ted R CARRION	
17. MOTHER - NAME (First Middle Last Suffix) Mary R MARTIN		18a. INFORMANT- NAME (Type or Print) Eleny CARRION		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 159 Eureka, Nevada 89316	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KENNETH BOWMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 806		20c. NAME AND ADDRESS OF FACILITY Final Wishes 437 Stoker Avenue Reno NV 89503	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) LETITIA ANDERSON MD SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) February 05, 2009		21c. HOUR OF DEATH 13:50	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
				22c. HOUR OF DEATH	
		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) LETITIA ANDERSON MD 343 Elm St Reno, NV				23b. LICENSE NUMBER 12227	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 17, 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) Congestive heart failure Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF: Diastatic dysfunction Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Atrial fibrillation, obesity Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC. SUICIDE, HOM., 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

567160



0213935

Book 493 10/06/2009
Page 6 Page 2 of 2

VRS-Rev-2008T

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.

Mary A. Anderson
DEPUTY REGISTRAR SIGNATURE AUTHENTICATED

DATE ISSUED:

02/17/2009

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