

Official Record

Recording requested By THEODORE I VERNES

Eureka County - NV Mike Rebaleati - Recorder

Fee: \$15.00 Page 1 of 2 RPTT: Recorded By: FES Book- 497 Page- 0365



0214603

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

ASSESSOR'S PARCEL NO. (APN#): 01-031-10

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO Name: Theodore I. Vernes Address: P.O. Box 142 City/State/Zip: Eureka, NV 89316

I, Theodore I. Vernes, the Affiant, being of legal age, and being first duly sworn, deposes and says: That Sharlene Stenmoe Vernes, the decedent mentioned in the (Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Sharlene S. Vernes (Deceased Name as shown on Deed)

named as one of the parties in that certain Grant, Bargain & Sale Deed

dated on the 27th day of September, 2005, and executed by Verla L. & Everett S. Haney, known as "Grantor(s)" to Theodore I. & Sharlene S. Vernes, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 0201181, on the 3rd day of October, 2005, in book 424, 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)

PARCEL B AS SHOWN ON THAT CERTAIN PARCEL MAP FOR ANGELO C. AND EMILIA S. TOGNONI FILED IN THE OFFICE OF THE COUNTY RECORDER OF EUREKA COUNTY, STATE OF NEVADA, ON JUNE 20, 1997, AS FILE NO. 166947, BEING A PORTION OF LOT 20, BLOCK 78, TOWN OF EUREKA

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 \$ 50,000.00

In witness Whereof, I/We have hereunto set my hand/our hands this 12th day of February, 2010

Signature of Theodore I. Vernes and Notary Public Gladys Soccochea

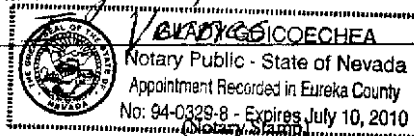
STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on February 12, 2010

By (person(s) appearing before notary public): Theodore I. Vernes

Signature of Gladys Soccochea, Notary Public, My Commission expires: July 10, 2010



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2010000938
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Sharlene Stenmoe VERNES		2. DATE OF DEATH (Mo/Day/Year) January 15, 2010		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		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 21, 1937		9a. STATE OF BIRTH (If not U.S.A., name country) Oregon		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Theodore VERNES	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even If Retired) Banker (financial Manager)		14b. KIND OF BUSINESS OR INDUSTRY Banking	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 470 Nob Hill		15e. INSIDE CITY LIMITS (Specify Yes or No)			
16. FATHER - NAME (First Middle Last Suffix) James MASON			17. MOTHER - NAME (First Middle Last Suffix) Gladys SOVERGN		
18a. INFORMANT - NAME (Type or Print) Theodore VERNES		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 142 Eureka, Nevada 89316			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803	
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 89803	
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) - SIGNATURE AUTHENTICATED MAUREEN LOUISE DURKIN M.D.			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)		
21b. DATE SIGNED (Mo/Day/Yr) January 18, 2010		21c. HOUR OF DEATH 05:31		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Maureen Louise Durkin M.D. 247 Bluffs Avenue, Bldg 1 Elko, NV 89801				23b. LICENSE NUMBER 7280	
24a. REGISTRAR (Signature) R. SCOTT BURNS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 18, 2010		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) Acute Renal Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Dehydration DUE TO, OR AS A CONSEQUENCE OF: (c) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death Weeks Interval between onset and death Weeks Interval between onset and death Years 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

3518851



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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: 01/28/2010

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

R. Scott Burns
SIGNATURE AUTHENTICATED

