

DOC # 0214603

02/12/2010

09:22 AM

Official RecordRecording requested By
THEODORE I VERNESEureka County - NV
Mike Rebaleati - Recorder

Fee: \$15.00

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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, 20 10

Theodore I. Vernes(Signature) THEODORE I. VERNES

(Print or type name here)

(Signature)

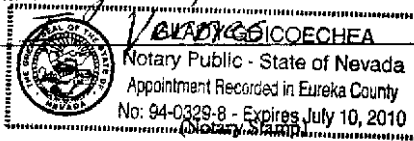
(Print or type name here)

STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on (date) February 12, 2010By (person(s) appearing before notary public): TheodoreStacy 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

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) 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)		5. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS
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
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		8. DATE OF BIRTH (Mo/Day/Yr) February 21, 1937
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		15d. STREET AND NUMBER 470 Nob Hill
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)		22c. HOUR OF DEATH
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
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



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VRS-Rev 2009C002

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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.

PHOTOGRAPHED

R. Scott Burns
SIGNATURE AUTHENTICATED

