



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

ASSESSOR'S PARCEL NO. (APN#): 001-055-02

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO  
Name: George Parman  
Address: Box 58  
City/State/Zip: Eureka Nev 89316

I, George Parman, the Affiant, being of legal age, and being first duly sworn,  
deposes and says:

That Ruth Weaver Parman, the decedent mentioned in the  
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Ruth Parman  
(Deceased Name as shown on Deed)

named as one of the parties in that certain Joint Tenancy Deed,  
(Type of Document)

dated on the 19th day of Oct. 79, and executed by  
Lowelland Fila Drake, known as "Grantor(s)" to George and Ruth Parman,  
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 70790, on the

19 day of October, 1979, in book 79 Page 415, 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)

See exhibit "A"

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 \$ \_\_\_\_\_

In witness Whereof, I/We have hereunto set my hand/our hands this 10 day of August, 20 10

George Parman (Signature) \_\_\_\_\_  
(Print or type name here) George Parman (Print or type name here)

STATE OF NEVADA )  
COUNTY OF EUREKA )  
This instrument was acknowledged before me on (date) August 10, 2010

By (person(s) appearing before notary public) George Parman

(Notary Public)  
My Commission expires: 7/17/2012



Exhibit "A"

DOCUMENTARY TRANSFER TAX \$0.55	Form Name
COMPUTED ON FULL VALUE OF PROPERTY CONVEYED	
X OF COMPUTED ON FULL VALUE LESS LIENS AND ENCUMBRANCES REMAINING AT TIME OF SALE.	
Signature of Declarant or Agent determining tax.	

70790

JOINT TENANCY DEED

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THIS INDENTURE, made and entered into this 19th day of October, 1979, by and between LOWELL DRAKE and ELLA DRAKE, husband and wife of Eureka, Nevada, and GEORGE PARMAN and RUTH PARMAN, husband and wife of Eureka, Nevada, in joint tenancy with right of survivorship, Grantees.

W I T N E S S E T H :

That the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00) lawful money of the United States of America, to them in hand paid by the Grantees, the receipt whereof is hereby acknowledged, does by these presents grant, bargain, and convey unto the said Grantees as joint tenants with right of survivorship and not as tenants in common, and to the survivor of them, and to the heirs, executors, administrators and assigns of the survivor, all that certain real property situate in the County of Eureka, State of Nevada, and more particularly described as follows, to-wit:

The Southerly portion of Block 99, (Marked in red as shown on exhibit A). Attached hereto and made a part hereof for all purposes, which said property is located in Eureka, Nevada.

TO HAVE AND TO HOLD, all and singular, the said premises, together with the appurtenances, unto the said Grantees as joint tenants with right of survivorship and nor as tenants in common, and to the survivor of them, and to the heirs, executors, administrators and assigns of the survivor forever.

IN WITNESS WHEREOF, the said Grantor has hereunto set their hands the day and year first above written.

Lowell Drake  
LOWELL DRAKE

Ella Drake  
ELLA DRAKE

///

- 1 -

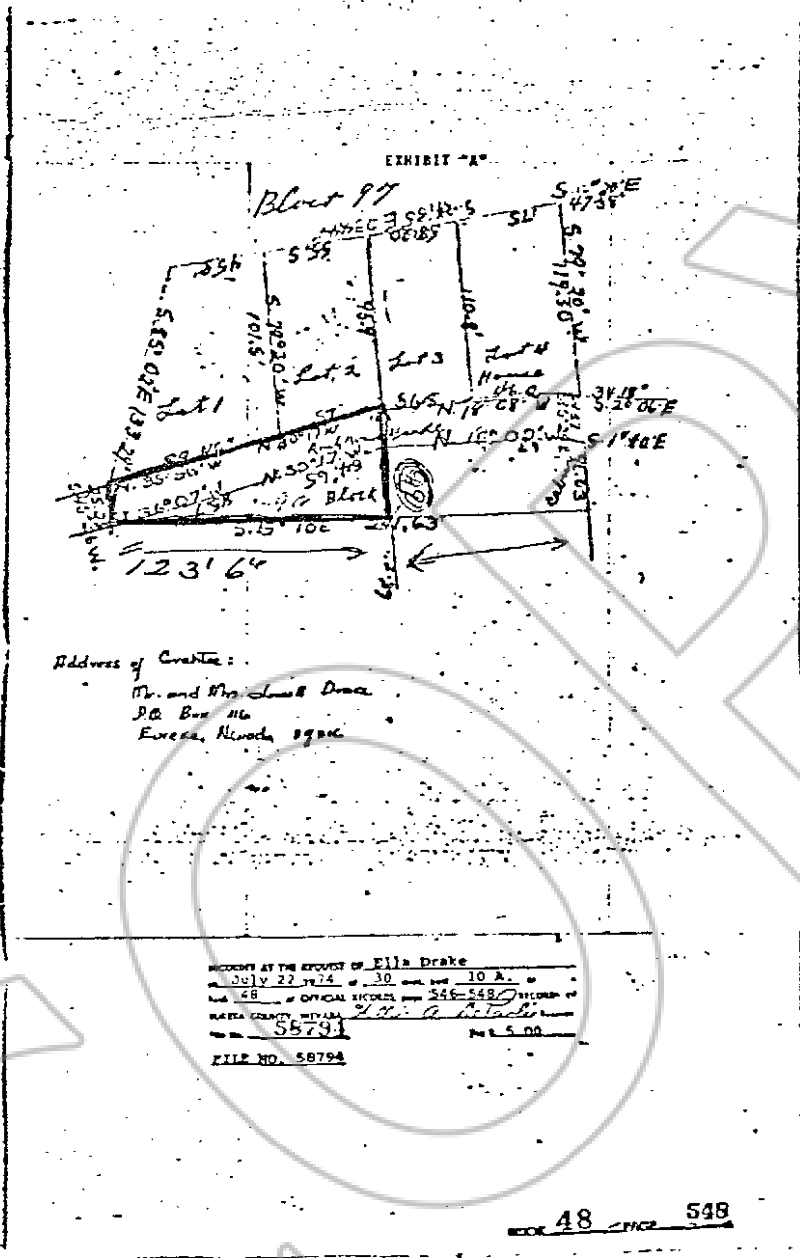
BOOK 75 PAGE 413



0215299

Book 502 08/10/2010  
Page: 109 Page: 2 of 4

# Exhibit A



Address of Creator:  
 Mr. and Mrs. Louis B. Duce  
 P.O. Box 116  
 Eureka, Nevada 89001

RECORDED AT THE REQUEST OF Ellis Drake  
 on July 22 1974 at 10 A.  
 by 58 of OFFICIAL RECORDS, page 246-248  
 EUREKA COUNTY, NEVADA 58791 Fee \$ 5.00  
 FILE NO. 58794

BOOK 48 PAGE 548

70790

RECORDED AT THE REQUEST OF George Parman  
 on October 19 1979 at 50 min. past 11 A.  
 Book 75 of OFFICIAL RECORDS, page 413-415, RECORDS OF  
 EUREKA COUNTY, NEVADA WILLIS A. DePAOLI Recorder  
 File No. 70790 Fee \$ 5.00

BOOK 75 PAGE 415

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

**CERTIFICATE OF DEATH**

2010009136  
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) Ruth Weaver <b>PARMAN</b>		2. DATE OF DEATH (Mo/Day/Year) June 17, 2010		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) Renown Regional Medical Center		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) 75		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 15, 1934		9a STATE OF BIRTH (If not U S A. name country) Nebraska		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11 MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12 SURVIVING SPOUSE OR DOMESTIC PARTNER George L PARMAN	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Rancher/homemaker		14b. KIND OF BUSINESS OR INDUSTRY Ranching/homemaking	
15a. RESIDENCE - STATE Nevada		15b COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d STREET AND NUMBER 760 Country Road 101		15e INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Joseph WEAVER			17. MOTHER - NAME (First Middle Last Suffix) Laura Rosalee		
18a. INFORMANT- NAME (Type or Print) George L PARMAN		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) P.O. Box 58 Eureka, Nevada 89316			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Smith Family Crematory		19c LOCATION City or Town State Fallon Nevada 89407	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TROY M SMITH</b> SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE 47		20c. NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407	
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) <b>TEJVIR SINGH MD</b> SIGNATURE AUTHENTICATED		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) June 22, 2010		21c HOUR OF DEATH 22:35		22b DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e PRONOUNCED DEAD AT (Hour)		23a. LICENSE NUMBER 11877	
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TEJVIR SINGH MD 85 Kirman Avenue Reno, NV 89502				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 24, 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) Leptomeningeal metastases					
DUE TO, OR AS A CONSEQUENCE OF.					
(b) Breast carcinoma					
DUE TO, OR AS A CONSEQUENCE OF.					
(c)					
DUE TO, OR AS A CONSEQUENCE OF.					
(d)					
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

3542600

0215299 Book 502 08/10/2010  
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VRS-Rev-20060602

**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.

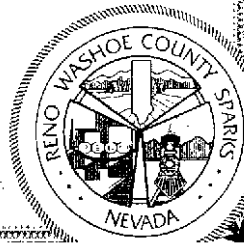
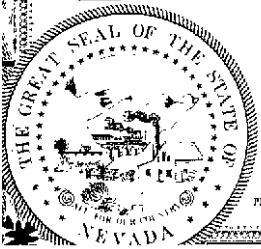
06/24/2010

DEPUTY REGISTRAR

*Mary A. Anderson*  
SIGNATURE AUTHENTICATED

DATE ISSUED:  
PRN (0-10/1129)

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



**STATE OF NEVADA  
DECLARATION OF VALUE**

**DOC # DV-215299**

08/10/2010 03:00 PM

**Official Record**

FOR RECC  
Document  
Book:  
Date of Re  
Notes:

Recording requested By  
GEORGE PARMAN

**Eureka County - NV  
Mike Rebaleati - Recorder**

Page 1 of Fee: \$17.00  
Recorded By: FES RPTT  
Book- 502 Page- 0108

**1. Assessor Parcel Number (s)**

- a) 001-055-02
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**2. Type of Property:**

- |                             |              |                                        |                 |
|-----------------------------|--------------|----------------------------------------|-----------------|
| a) <input type="checkbox"/> | Vacant Land  | b) <input type="checkbox"/>            | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/>            | 2-4 Plex        |
| e) <input type="checkbox"/> | Apt. Bldg.   | f) <input type="checkbox"/>            | Comm'l/Ind'l    |
| g) <input type="checkbox"/> | Agricultural | h) <input checked="" type="checkbox"/> | Mobile Home     |
| i) <input type="checkbox"/> | Other        |                                        |                 |

**3. Total Value/Sales Price of Property:**

Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ \_\_\_\_\_

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption, per NRS 375.090, Section: 5
- b. Explain Reason for Exemption: Death of a joint tenant

**5. Partial Interest: Percentage being transferred: \_\_\_\_\_ %**

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature \_\_\_\_\_ Capacity \_\_\_\_\_  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)  
 Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

(REQUIRED)  
 Print Name: George Parman  
 Address: PO Box 58  
 City: Eureka  
 State: Nv Zip: 89316

**COMPANY/PERSON REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_