

Official Record

Recording requested By  
KAREN LABARRY

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By: FES

Book- 512 Page- 0216



0216766

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

ASSESSOR'S PARCEL NO. (APN#): 01-051-05

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Karen Lynne Labarry

Address: P. O. Box 1085

City/State/Zip: Eureka, NV 898316

I, Karen Lynne Labarry, the Affiant, being of legal age, and being first duly sworn,  
deposes and says:  
That Daniel Raymond Labarry, the decedent mentioned in the  
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Daniel Raymond Labarry  
(Deceased Name as shown on Deed)

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

dated on the 22nd day of September, 1981, and executed by  
Mary Jean Labarry, known as "Grantor(s)" to Daniel Raymond & Karen Lynne Labarry  
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 82023, on the  
22nd day of September, 1981, in book 098 Page 163, 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)

Lot 3, Block 95 EXCEPTING THEREFROM Parcel D of  
Map File #130564 which was deeded  
to Mary Jean Labarry in Document  
#130567 filed in the Eureka County  
Recorder's Office, and

Lot 4, Block 95, and  
Parcel C of Map File #130564 Eureka Townsite

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 \$ 48,894.

In witness Whereof, I/We have hereunto set my hand/our hands this 11th day of Feb., 20 11

Karen Lynne Labarry  
(Signature)  
Karen Lynne Labarry  
(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 11, 2011

By (person(s) appearing before notary public): Karen Lynne Labarry

(Notary Public)

My Commission expires: July 10, 2014



Notary Public - State of Nevada

Appointment Recorded in Eureka County

No: 94-0329-8 - Expires July 10, 2014

(Notary Stamp)

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

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

2010017068  
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) Daniel Raymond LABARRY		2. DATE OF DEATH (Mo/Day/Year) November 07, 2010		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Eureka		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 290 Sheridan		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 57		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 17, 1953		9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Karen HACHQUET	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Heavy Equipment Operator		14b. KIND OF BUSINESS OR INDUSTRY Mining	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 290 Sheridan		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Raymond LABARRY			17. MOTHER - NAME (First Middle Last Suffix) Mary Jean SALLABERRY		
18a. INFORMANT- NAME (Type or Print) Karen LABARRY			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) P.O. Box 1085 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) <b>JASON MUTH</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 298		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) <b>KENNETH E JONES</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) November 16, 2010		21c. HOUR OF DEATH 06:13	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr) November 07, 2010		22b. PRONOUNCED DEAD AT (Hour) 06:40	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Kenneth E Jones PO Box 736 Eureka, NV 89316				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 16, 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) Liver Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death Unknown	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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

355053



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VRS-Rev.20100215

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: 11/22/2010

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

*R. D. White*  
SIGNATURE AUTHENTICATED

