

**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

**DOC # 0216766**

02/11/2011

04:26 PM

**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

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

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

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

1a. DECEASED-NAME (FIRST,MIDDLE, LAST SUFFIX) <b>Daniel Raymond LABARRY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 07, 2010</b>		3a. COUNTY OF DEATH <b>Eureka</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Eureka</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>290 Sheridan</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>57</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>May 17, 1953</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Karen HACHQUET</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Heavy Equipment Operator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Eureka</b>	
15d. STREET AND NUMBER <b>290 Sheridan</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Raymond LABARRY</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Mary Jean SALLABERRY</b>		18a. INFORMANT- NAME (Type or Print) <b>Karen LABARRY</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>P.O. Box 1085 Eureka, Nevada 89316</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sunset Crematory</b>		19c. LOCATION City or Town State <b>Elko Nevada 89803</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>298</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b> <b>PO BOX 889 Elko NV 89803</b>	
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> <b>SIGNATURE AUTHENTICATED</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>November 16, 2010</b>		21c. HOUR OF DEATH <b>06:13</b>	
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) <b>Kenneth E Jones</b> <b>SIGNATURE AUTHENTICATED</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>November 16, 2010</b>	
22c. HOUR OF DEATH <b>06:40</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>November 07, 2010</b>		22e. PRONOUNCED DEAD AT (Hour) <b>06:40</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Kenneth E Jones PO Box 736 Eureka, NV 89316</b>				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 16, 2010</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) <b>Liver Cancer</b>				Interval between onset and death <b>Unknown</b>	
(a) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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

0216766

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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. J. White  
SIGNATURE AUTHENTICATED