

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

Official Record
Recording requested By
KAREN LABARRY

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$15.00 Page 1 of 2
RPTT: Recorded By: FES
Book- 512 Page- 0216

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

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: <u>Karen Lynne Labarry</u>
Address: <u>P. O. Box 1085</u>
City/State/Zip: <u>Eureka, NV 898316</u>



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

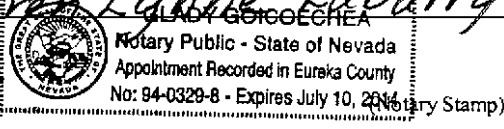
Karen Lynne Labarry
(Signature)
Karen Lynne Labarry
(Print or type name here)

(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
Stacy Spicochea
(Notary Public)
My Commission expires: July 10, 2014



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) JASON MUTH 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) <i>[Signature]</i>			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) KENNETH E JONES SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) November 16, 2010	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 06:13		22d. PRONOUNCED DEAD (Mo/Day/Yr) November 07, 2010	
22e. 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) CHRISTINA GRIFFITH 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)					
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



0216766 Bock 512 02/11/2011
Page 217 Page 2 of 2

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

[Signature]
SIGNATURE AUTHENTICATED

