

DOC # 0216923

04/08/2011

03:45 PM

Official Record

Recording requested By
GRANT MILLEREureka County - NV
Mike Rebaleati - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: FES

Book- 513 Page- 0249

Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)ASSESSOR'S PARCEL NO. (APN#): 05-470-40

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: _____

Address: _____

City/State/Zip: _____



0216923

I, GRANT MILLER, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That GLENN HAROLD MILLER, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

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

named as one of the parties in that certain JOINT TENANCY DEED
(Type of Document)

dated on the 16TH day of APRIL, 2010, and executed by
GRANT MILLER, known as "Grantor(s)" to GRANT, GLENN AND MARY JEAN MILLER,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 0214954, on the
16TH day of APRIL, 2010, in book 499, 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)

NE4NW4, NE4NW4NW4, S2NW4NW4, N2SW4NW4, SW4SW4NW4
SECTION 33, TOWNSHIP 29 NORTH, RANGE 48 EAST MOB&M

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 \$ 10,000.

In witness Whereof, I/We have hereunto set my hand/our hands this 8TH day of APRIL, 2011

GRANT MILLER
(Signature)

GRANT MILLER
(Print or type name here)

(Signature)

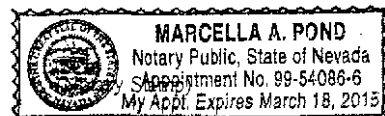
(Print or type name here)

STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on (date) APRIL 8, 2011By (person(s) appearing before notary public) GRANT MILLER

Marcella A. Pond
(Notary Public)

My Commission expires: March 18, 2015

GEORGIA DEATH CERTIFICATE

Birth Number

State File Number 2010GA000006288

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) GLENN HAROLD MILLER		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX MALE	2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 04/23/2010	
3. SOCIAL SECURITY NUMBER [REDACTED]	4a. AGE (YEARS) 77	4b. UNDER 1 YEAR Mos.	4c. UNDER 1 DAY Days	5. DATE OF BIRTH (Mo., Day, Year) 02/11/1933		
6. BIRTHPLACE ILLINOIS	7a. RESIDENCE - STATE GEORGIA	7b. COUNTY COBB		7c. CITY, TOWN MARIETTA		
7d. STREET AND NUMBER 1968 WINDING CREEK LANE	7e. ZIP CODE 30064	7f. INSIDE CITY LIMITS? NO		8. ARMED FORCES? YES		
8a. USUAL OCCUPATION HOME IMPROVEMENT		8b. KIND OF INDUSTRY OR BUSINESS CONSTRUCTION				
9. MARITAL STATUS MARRIED	10. SPOUSE NAME MARY J NYBERG			11. FATHER'S FULL NAME (First, Middle, Last) HARRY HENRY MILLER		
12. MOTHER'S MAIDEN NAME (First, Middle, Last) ANNA HENRICKA VOSS	13a. INFORMANT'S NAME (First, Middle, Last) MARY J MILLER			13b. RELATIONSHIP TO DECEDENT WIFE		
13c. MAILING ADDRESS 1968 WINDING CREEK LANE, MARIETTA, GEORGIA 30064		14. DECEDANT'S EDUCATION SOME COLLEGE CREDIT, BUT NOT A DEGREE				
15. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) NO, NOT SPANISH/HISPANIC/LATINO		16. DECEDENT'S RACE (White, Black, Amer., Indian, etc.) (Specify) WHITE				
17a. IF DEATH OCCURRED IN HOSPITAL INPATIENT		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Indicate DOA, OP/EMER., Rm., Indicate if Specify)				
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.) VETERANS ADMINISTRATION MEDICAL CENTER 1670 CLAIRMONT ROAD DECATUR, GEOR.		19. CITY, TOWN OR LOCATION OF DEATH DECATUR		20. COUNTY OF DEATH DEKALB		
21. METHOD OF DISPOSITION (Specify) REMOVAL FROM STATE	22. PLACE OF DISPOSITION DAVISON-FULTON FUNERAL HOME WO PEORIA, ILLINOIS 61604 PEORIA			23. DISPOSITION DATE (Mo., Day, Year) 04/27/2010		
24a. EMBALMER'S NAME JAMES L HENDRIX	24b. EMBALMER LICENSE NO. 4253		25. FUNERAL HOME NAME HM PATTERSON AND SON-CGLETHORPE HILL			
25a. FUNERAL HOME ADDRESS ATLANTA, GEORGIA 30319						
26a. SIGNATURE OF FUNERAL DIRECTOR /S/ JAMES L HENDRIX		26b. FUN. DIR. LICENSE NO. 4663				
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 04/23/2010		28. HOUR PRONOUNCED DEAD 03:48 PM				
29a. PRONOUNCER'S NAME MAZIAR ZAFARI		29b. LICENSE NUMBER 39019			29c. DATE SIGNED 04/23/2010	
30. TIME OF DEATH 03:48 PM		31. WAS CASE REFERRED TO MEDICAL EXAMINER NO				
32. Part I. Enter the chain of events—diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.						Approximate interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death)						HOURS
A. CARDIOGENIC SHOCK Due to, or as a consequence of						YEARS
B. SEVERE CORONARY ARTERY DISEASE Due to, or as a consequence of						
C. Due to, or as a consequence of						
D. Due to, or as a consequence of						
Part II. Enter significant conditions contributing to death but not related to cause given in Part I A. (If female, indicate if pregnant or birth occurred within 90 days of death.)						
33. WAS AUTOPSY PERFORMED? NO						34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
35. TOBACCO USE CONTRIBUTED TO DEATH UNKNOWN		36. IF FEMALE NOT APPLICABLE		37. ACCIDENT, SUICIDE, HOMICIDE, UNDERTERMINED (Specify) NATURAL		
38. DATE OF INJURY (Mo., Day, Year)		39. TIME OF INJURY		40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41. INJURY AT WORK? (Yes or No)
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)						
43. DESCRIBE HOW INJURY OCCURRED						44. IF TRANSPORTATION INJURY
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier: (Name, Title, License No.) /S/ MAZIAR ZAFARI MD 39018						46. 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. Medical Examiner/Coroner (Name, Title, License No.)
45a. DATE SIGNED (Mo., Day, Year) 05/03/2010		45b. HOUR OF DEATH 03:48 PM		45c. DATE SIGNED (Mo., Day, Year)		45d. HOUR OF DEATH
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MAZIAR ZAFARI 1670 CLAIRMONT ROAD, DECATUR, GEORGIA 30033						
48. REGISTRAR (Signature) /S/ Kenneth Bramlett						49. DATE FILED - REGISTRAR (Mo., Day, Year) 05/13/2010



STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-216923

04/08/2011

03:46 PM

Official Record

1. Assessor Parcel Number (s)

a) 05-470-40
b) _____
c) _____
d) _____

FOR RE:
Docume
Book:
Date of:
Notes:

Recording requested By
GRANT MILLER

Eureka County - NV
Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$15.00
Recorded By: FES RPTT:
Book-513 Page-0249

2. Type of Property:

a) ☒ Vacant Land b) ☐ Single Fam Res.
c) ☐ Condo/Twnhse d) ☐ 2-4 Plex
e) ☐ Apt. Bldg. f) ☐ Comm'l/Ind'l
g) ☐ Agricultural h) ☐ Mobile Home
i) ☐ 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: \$

\$ 10,000

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 9

b. Explain Reason for Exemption: REMOVE DECEASED FATHER'S NAME

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

(REQUIRED)

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)