

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:



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)

NE4 NW4, NE4 NW4 NW4, S2 NW4 NW4, N2 SW4 NW4, SW4 SW4 NW4 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

(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, 2011

By (person(s) appearing before notary public) GRANT MILLER

(Notary Public) Marcella A. Pond 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 ██████████	4a. AGE (YEARS) 77	4b. UNDER 1 YEAR Mos.	4c. UNDER 1 DAY Days	4d. UNDER 1 DAY Hours	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, OPI/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, UNDERDETERMINED (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:

\$ 10,000  
 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: 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 [Signature] Capacity \_\_\_\_\_  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

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

(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: \_\_\_\_\_