



0217109

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

ASSESSOR'S PARCEL NO. (APN#): 001-136-10

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: CECILE JOHNSTON

Address: P.O. BOX 247

City/State/Zip: EUREKA, NEVADA, 89310

I, CECILE JOHNSTON, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That THOMAS CHARLES JOHNSTON, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as THOMAS C. JOHNSTON
(Deceased Name as shown on Deed)

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

dated on the 17th day of JANUARY, 1969, and executed by LOUIS A. AND HELEN HELLER, known as "Grantor(s)" to THOMAS C. & CECILE F. JOHNSTON, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 48254, on the

17th day of JANUARY, 1969, in book 27 PAGE 010, 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 23, BLOCK 7, TOWN OF EUREKA

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 \$ 63,600.

In witness Whereof, I/We have hereunto set my hand/our hands this 17 day of May, 2011

Cecile Johnston
(Signature)

CECILE JOHNSTON
(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) May 17 2011

By (person(s) appearing before notary public) Cecile Johnston

(Notary Public)

My Commission expires: 7/17/2013



SARA G SIMMONS
NOTARY PUBLIC, STATE OF NEVADA
EUREKA COUNTY • NEVADA
CERTIFICATE # 97-0343-8
APPT. EXP. JULY 17, 2012

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008016386
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
DEATH**

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Thomas Charles JOHNSTON			2. DATE OF DEATH (Mo/Day/Year) August 19, 2008		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) 351 S Spring St.		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify)		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS
9a. STATE OF BIRTH (If not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Miner		14b. KIND OF BUSINESS OR INDUSTRY Mining		8. DATE OF BIRTH (Mo/Day/Yr) December 15, 1933
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		12. SURVIVING SPOUSE (if wife, give maiden name) Cecile Frances TODNONI
15d. STREET AND NUMBER 351 S Spring St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		13. Ever in US Armed Forces? Yes		
16. FATHER - NAME (First Middle Last Suffix) Charles W JOHNSTON			17. MOTHER - NAME (First Middle Last Suffix) Orpha STROHN			
18a. INFORMANT- NAME (Type or Print) Cecile JOHNSTON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 247 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) R SCOTT BURNS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 07		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 669 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) KENNETH E JONES SIGNATURE AUTHENTICATED			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)			
21b. DATE SIGNED (Mo/Day/Yr) November 04, 2008		21c. HOUR OF DEATH 23:00		22b. DATE SIGNED (Mo/Day/Yr) November 04, 2008		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 01:50		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 20, 2008		
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 05, 2008		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) Renal Failure						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) 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						
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes				
28a. ACC. SUICIDE, HOW., 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



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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:

11/12/2008

This copy is not valid unless prepared in engraved form displaying date, seal and signature of Registrar.

Richard White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

