

DOC # 0217719

07/08/2011

01:25 PM

Official Record
Recording requested By
PATRICIA R HANSEN

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By: FES

Book- 517 Page- 0144

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

ASSESSOR'S PARCEL NO. (APN#): 005-520-25

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Patricia R. Hansen
Address: 4045 Lake Mary Rd. #C20
City/State/Zip: Flagstaff, AZ 86001

I, Patricia R. Hansen, the Affiant, being of legal age & first duly sworn, deposes and says:
That Dale Nels Hansen, the decedent mentioned in the attached certified copy Certificate of
Death, is the same person as Dale N. Hansen named as one of the parties in that certain
Joint Tenancy Deed, dated on the 29th day of October, 1962,
and executed by Crescent Valley Ranch & Farms, known as the "Grantor(s)" to
Dale N. Hansen + Patricia R. Hansen, known as "Grantee(s)", as Joint Tenants, and recorded as
Instrument No. 37022, on the 26th day of November, 1962, in book D26, of
Official Records of Eureka County, Nevada, covering the following described property
situated in the City of _____, County of Eureka, State of Nevada.

(set forth legal description and commonly known street address, if known)

T29N, R49E, Sec. 19 W25W45E4

In witness Whereof, I have hereunto set my hand this 6th day of July, 20 11Patricia R. Hansen
SignaturePatricia R. Hansen
Printed NameSTATE OF ARIZONA
COUNTY OF COCONINOThis instrument was acknowledged before me on July 6, 2011, by PATRICIA R. Hansen,
known to me (or satisfactorily proven) to be the person whose name is subscribed within.

WITNESS my hand and official seal.

Notary Public

My Commission Expires: OCT. 21, 2011

SEAL AFFIX



CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA CERTIFICATE OF DEATH

COPY

D-102007 - 044751

NAME OF DECEASED DALE NELS HANSEN		SEX MALE	DATE OF DEATH DECEMBER 25 2007	
RACE (e.g., white, black, American Indian, (specify tribe) etc.) WHITE		WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. NO
4A. PLACE OF BIRTH COCONINO	6A. COUNTY COCONINO	6B. TOWN OR CITY FLAGSTAFF	6C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) OLIVIA WHITE HOSPICE HOME	
DATE OF BIRTH 7. NOVEMBER 12, 1925		AGE (YEARS LAST BIRTHDAY) 8A. 82	IF UNDER 1 YEAR 8B. MOS. DAYS	IF UNDER 1 DAY 8C. HRS. MIN.
STATE AND CITY OF BIRTH 11. UTAH, TREMONTON		CITIZEN OF WHAT COUNTRY? 12. U.S.A.	SOCIAL SECURITY NO. 13. [REDACTED]	
USUAL RESIDENCE 15. ARIZONA COCONINO FLAGSTAFF		15A. STATE	15B. COUNTY	15C. TOWN OR CITY
STREET ADDRESS OF R.F.D. 15E. 9331 DONEY PARK LANE		INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. NO	ON RESERVATIONS (SPECIFY Yes or No) 15G. NO	PREVIOUS STATE OF RESIDENCE 18. UTAH
FATHER'S NAME 19. MATHAIS HANSEN		MOTHER'S MAIDEN NAME 20. HATTIE IVERSON		21. PATRICIA R. HANSEN, BY: [Signature]
INFORMANT'S SIGNATURE		RELATIONSHIP TO DECEASED 22. WIFE	ADDRESS 23. 9331 DONEY PARK LANE FLAGSTAFF, ARIZONA 86004	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. REM/CREMATION		DATE 25. 12/28/2007	CEMETERY OR CREMATORY - NAME/LOCATION 26. GREER'S CREMATORY, SEDONA, AZ	
FUNERAL HOME 28. LOZANO'S FLAGSTAFF MORTUARY 2545 N. FOURTH ST. FLAGSTAFF, ARIZONA 86004		FUNDAL DIRECTOR or person acting as such (SIGNATURE) 29A. RICHARD A. LOZANO		CERT. NO. 29B. 0909
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 30. SIGNATURE AND TITLE [Signature]		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 34. SIGNATURE AND TITLE [Signature]		
DATE SIGNED (Mo., Day, Year) 31. DECEMBER 27, 2007		HOUR OF DEATH 32. 1625 HRS		
NAME OF ATTENDING PHYSICIAN OF OTHER THAN CERTIFIER (Type or print) 33. [REDACTED]		PRONOUNCED DEAD (Mo., Day, Year) 37. ON		
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 39. RANDALL SCOTT, MD, 1515 E CEDAR AVE, A6, FLAGSTAFF, AZ 86004		AUTHORIZED FOR CREMATION (Specify) 40. [X] Yes [] No		MEDICAL EXAMINER'S SIGNATURE 41. [Signature]
DATE REGISTERED 42. 01-02-08		REG. FILE NO. 43. 746	REGISTRAR'S SIGNATURE 44. [Signature]	REG. DISTRICT 45. 0305
47A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Cardio respiratory arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4-5 months		
47B. DUE TO OR AS A CONSEQUENCE OF: Metastatic Bladder Cancer				
47C. DUE TO OR AS A CONSEQUENCE OF: Malnutrition + Anorexia 2° to 47B				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) 49. NO		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. YES
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY 52. MO DAY YR HOUR 53. M		
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 56. [REDACTED]		WHERE LOCATED? 57. [REDACTED]		

SUPPLEMENTARY ENTRIES

JAN 02 2008



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This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

STATE OF NEVADA
DECLARATION OF VALUE FORMRecording requested By
PATRICIA R HANSENEureka County - NV
Mike Rebaleati - RecorderPage 1 of 1 Fee: \$15.00
Recorded By: FES RPTT:
Book- 517 Page- 0144

1. Assessor Parcel Number(s)

- a)
- 005-520-25
-
- b) _____
-
- c) _____
-
- d) _____

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
-
- Other _____

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property

\$ _____

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 _____

b. Explain Reason for Exemption: Transfer of Title without consideration from
1 joint tenant to the remaining joint tenant

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 parties agree that 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 Patricia R HansenCapacity Buyer

Signature _____

Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)Print Name: Dale N. Hansen + Patricia R. HansenAddress: 16 W. Travertine TrailCity: Flagstaff, AZ 86001

State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION
(REQUIRED)Print Name: Patricia R HansenAddress: 4045 Lake Mary Rd. #C20City: Flagstaff, AZ 86001

State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: _____

Escrow #: _____

Address: _____

City: _____

State: _____ Zip: _____