

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

ASSESSOR'S PARCEL NO. (APN#): 005-430.07

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Curtis Fitch  
Address: P.O. BOX 1564  
City/State/Zip: RENO 89505 NV.

**DOC # 0218677**

10/04/2011 09:00 AM

**Official Record**

Recording requested By  
CURTIS FITCH

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By: FES

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0218677

I, CURTIS FITCH, the Affiant, being of legal age, and being first duly sworn,  
deposes and says:

That ELNORA FITCH, the decedent mentioned in the  
(Deceased Name as shown on Death Certificate)

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

named as one of the parties in that certain GRANT, BARGAIN SALE DEED  
(Type of Document)

dated on the 4th day of OCTOBER, 1992, and executed by  
SUZETTE DOLLY HANK, known as "Grantor(s)" to CURTIS FITCH & ELNORA FITCH,  
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 87507, on the  
APRIL 25th day of 1983, in book 110, of Official Records of  
EUREKA COUNTY County, Nevada, covering the following described property situated in the City of  
CRESENT VALLEY County of EUREKA State of Nevada.  
(Set forth legal description and commonly known street address, if known)

T 29N, R 48E, M 088M  
S 11, SE 4 SE 4 SW 4

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 \$ 100

In witness Whereof, I/We have hereunto set my hand/our hands this 4 day of 10, 2011

Curtis Fitch  
(Signature)  
Curtis Fitch  
(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) October 4, 2011

By (person(s) appearing before notary public) Curtis Fitch

(Notary Public)

My Commission expires: 7/17/2012



**SARA G SIMMONS**  
NOTARY PUBLIC, STATE OF NEVADA  
EUREKA COUNTY • NEVADA  
CERTIFICATE # 07-0349-8  
APPT. EXP. JULY 17, 2012

## STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

## WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

ROLL 76 IMAGE 838		LOCAL FILE NUMBER 1703		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1. Elnora FITCH		2 July 22, 1992		3a. Washoe	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		3b. Inpatient	
3b. Sparks		3c. Sierra Healthcare		4. Female	
5. Black		6. Was Decedent of Hispanic Origin? Specify (If yes, specify Mexican, Cuban, Puerto Rican, etc.)		7a. 76	
8. State of Birth (If not U.S.A., name country)		9. U.S.A.		10. 12	
11. Texas		12. Owner/Beautician		13. Beauty shop	
14. Social Security Number		15. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		16. Beauty shop	
17. Nevada		18. Washoe		19. Reno	
20. Nevada		21. Washoe		22. Reno	
23. John		24. Edward		25. Mittie Lee Blake	
26. Tina Martin-McCree		27. 76 Galleon Way, Pittsburg, California 94565		28. Nevada 89502	
29. Removal/Burial		30. Mountain View Cemetery		31. Piedmont California	
32. Ross, Burke & Knobel, 2155 Rietzke Lane, Reno,		33. July 28, 1992		34. 1730 Found	
35. July 22, 1992		36. 1730		37. WCC S. 35	
38. Hypertensive cardiovascular disease with renal failure		39. Peripheral vascular disease, gangrene, Alzheimer's disease		40. No	
41. No		42. Yes		43. Yes	
44. No		45. Yes		46. Yes	
47. No		48. Yes		49. Yes	
50. No		51. Yes		52. Yes	
53. No		54. Yes		55. Yes	
56. No		57. Yes		58. Yes	
59. No		60. Yes		61. Yes	
62. No		63. Yes		64. Yes	
65. No		66. Yes		67. Yes	
68. No		69. Yes		70. Yes	
71. No		72. Yes		73. Yes	
74. No		75. Yes		76. Yes	
77. No		78. Yes		79. Yes	
80. No		81. Yes		82. Yes	
83. No		84. Yes		85. Yes	
86. No		87. Yes		88. Yes	
89. No		90. Yes		91. Yes	
92. No		93. Yes		94. Yes	
95. No		96. Yes		97. Yes	
98. No		99. Yes		100. Yes	

No. 039944

STATE REGISTRAR



0218677

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000062521

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:

SEP 30 2011

DEPUTY REGISTRAR

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 005-430-07  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_

2. Type of Property:

a) <input checked="" type="checkbox"/>	Vacant Land	b) <input type="checkbox"/>	Single Fam Res.
c) <input type="checkbox"/>	Condo/Twnhse	d) <input type="checkbox"/>	2-4 Plex
e) <input type="checkbox"/>	Apt. Bldg.	f) <input type="checkbox"/>	Comm'l/Ind'l
g) <input type="checkbox"/>	Agricultural	h) <input type="checkbox"/>	Mobile Home
i) <input type="checkbox"/>	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: \$ \_\_\_\_\_

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 4

b. Explain Reason for Exemption: DEATH OF 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 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

(REQUIRED)  
Print Name: CHRISTOPHER FITCH  
Address: P.O. Box 1564  
City: RENO, NV  
State: 89505 Zip: \_\_\_\_\_

BUYER (GRANTEE) INFORMATION

(REQUIRED)  
Print Name: CHRISTOPHER FITCH  
Address: P.O. Box 1564  
City: RENO, NV  
State: 89505 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)

FO  
Do  
Bo  
Da  
Nc

DOC # DV-218677

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