



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

ASSESSOR'S PARCEL NO. (APN#): 01-031-10

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO	
Name:	<u>Michael A. Mears</u>
Address:	<u>P.O. Box 816</u>
City/State/Zip:	<u>Eureka, NV 89316</u>

I, Michael A. Mears, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That Theodore Ingval Vernes, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Theodore I. Vernes
(Deceased Name as shown on Deed)

named as one of the parties in that certain Joint Tenancy Deed

dated on the 12th day of February (Type of Document), 2010, and executed by
Theodore I. Vernes, known as "Grantor(s)" to Theodore I. Vernes and Michael A. Mears,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 0214604, on the
12th day of February, 2010, in book 497, 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)

PARCEL B AS SHOWN ON THAT CERTAIN PARCEL MAP FOR ANGELO C. AND EMILIA S.
TOGNONI FILED IN THE OFFICE OF THE COUNTY RECORDER OF EUREKA COUNTY, STATE OF
NEVADA, ON JUNE 20, 1997, AS FILE NO. 166947, BEING A PORTION OF LOT 20, BLOCK 78,
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 \$ 50,000.00

In witness Whereof, I/We have hereunto set my hand/our hands this 31st day of August, 2012

Michael A. Mears
(Signature)
MICHAEL A. MEARS
(Print or type name here)

(Signature)

(Print or type name here)

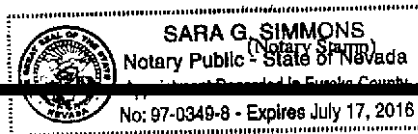
STATE OF NEVADA)

COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) Aug. 31, 2012

By person(s) appearing before notary public) Michael Mears

(Notary Public)
My Commission expires: 7/17/2016



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2012011382

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) Theodore Ingval VERNES		2. DATE OF DEATH (Mo/Day/Year) April 07, 2012		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) 470 Nob Hill		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		7a. AGE - Last birthday (Years) 69		7b. UNDER 1 YEAR MOS 1 DAYS	
5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS 1 MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 29, 1942		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner / Operator		14b. KIND OF BUSINESS OR INDUSTRY Sign Making	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 470 Nob Hill		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
18. FATHER/PARENT - NAME (First Middle Last Suffix) Ingval Hans VERNES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gladys Marie TONOLLI		
18a. INFORMANT - NAME (Type or Print) Michael MEARS		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. 88 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) JASON MUTH <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 299		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 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) <i>(Signature)</i>			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) KENNETH E JONES <i>SIGNATURE AUTHENTICATED</i>		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) July 23, 2012	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 22:04		22d. PRONOUNCED DEAD AT (Hour) April 07, 2012	
22d. PRONOUNCED DEAD AT (Hour) 22:04		22e. PRONOUNCED DEAD AT (Hour) 22:04		23b. LICENSE NUMBER	
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					
24a. REGISTRAR (Signature) NICOLE SHORE <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 23, 2012		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) Probable Myocardial Infarction				Interval between onset and death Immediate	
(b) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26a. ACC., SUICIDE, HCM, UNDET., OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26e. LOCATION - STREET OR R.F.D. No.		26f. CITY OR TOWN	
26g. STATE		26h. INJURY AT WORK (Specify Yes or No)		26i. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	

STATE REGISTRAR

0221141 Book: 536 08/31/2012
Page: 170 Page: 2 of 2

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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: 07/25/2012

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

(Signature)
STATE REGISTRAR
SIGNATURE AUTHENTICATED

