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

Fee: \$15.00 Page 1 ASSESSOR'S PARCEL NO. (APN#): of 2 RPTT Recorded By: FES Book- 536 Page-RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO Michael A. Mears Name: P.O. Box 816 Address: Eureka, NV 89316 City/State/Zip: Michael A. Mears the Affiant, being of legal age, and being first duly swom, deposes and says: Theodore Ingval Vernes the decedent mentioned in the That (Deceased Name as shown on Death Certificate) Theodore I. Vernes attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed) Joint Tenancy Deed named as one of the parties in that certain (Type of Document) February 12th 2010 day of and executed by dated on the , known as "Grantor(s)" to Theodore I. Vernes and Michael A. Mears Theodore I. Vernes known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 0214604 12th day of February , 2010, in book 2010 , in book _ , 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) 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 50,000.00 not exceed the sum of \$ 31धे day of August, 20 12 witness Whereof, I/We have hereunto set my hand/our hands this (Signature) Michael (Print or type name here) (Print or type name here)

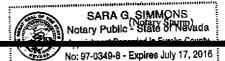
STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on (date)

By person(s) appearing before notary public) MICHAEL MCAVS

(Notary Public)
My Commission expires: 710000



Recording requested By MICHAEL MEARS

Eureka County - NV

Mike Rebaleati - Recorder

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

TYPE OR	STATE FILEHUMBER	
PRINTIN	18. DECEASED-NAME (FIRST, MIDDLE: LAST, SUFFIX) 2. DATE OF DEATH (Mo/Day/Year) 38. COUNTY, OF DEATH	
PERMANENT BLACK INK	Theodore Ingval VERNES April 07, 2012 \ Eureka	
	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION. Name (If not either, give street. 3b. If Hosp. or Inst. Indicate DOA OP/Emer. Rm. 4. SEX	٦.,١
DECEDENT	Eureka 470 Nob Hill Home Male	
	5. RACE White / B. Hispanic Origin? Specify 7a. AGE-Last 7b. UNDER 1 YEAR 7c. UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr)	
	(Specify): No - Non-Hispanic Most Days Hours Mins December 29, 1942	
IF DEATH	98: STATE OF BIRTH (If not U.S.A., W. 95. CITIZEN OF WHAT COUNTRY 10:EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED. 112. SURVIVING SPOUSE If wife, give	7
OCCURRED IN :	name sountry) California United States 12 DIVORCEO (Specify) Wildowed maiden name)	
SEE HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most 14b. KIND OF BUSINESS OR INDUSTRY Ever in US Annex of Working Life, Even if Retired) Owner (Operator Sign Making Forces? Yes	
COMPLETION OF RESIDENCE		
ITEMS	I MITS (Specify Yes	
PARENTS	18. FATHER/PARENT - NAME (First Middle Last Suffix) 17. MOTHER/PARENT - NAME (First Middle Last Suffix) 18. FATHER/PARENT - NAME (First Middle Last Suffix) 19. FATHER/PARENT - NAME (First Middle Last Suffix) 10. FATHER/PARENT - NAME (First Middle Last Suffix)	
rv viii in	Ingval Hans VERNES Gladys Marie TONOLLI 18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS. (Street or R.F.D. No. City or Town, State, Zip)	_[.]
`	Michael MEARS P.O. 88 Eureka, Nevada 89316	
	199. BURIAL CREMATION, REMOVAL, OTHER (Specify) 196. CEMETERY OR CREMATORY NAME 186. LOCATION City of Town State	
ISPOSITION	Cremation Sunset Crematory Elko Nevada 89803	100
F	200. FUNERAL DIRECTOR: SIGNATURE (Or Person Acting as Such). 20b. FUNERAL 20c. NAME AND ADDRESS OF FACILITY	-
**************************************	JASON MUTH DIRECTOR LICENSE Burns Funeral Home.	- [
	SIGNATURE AUTHENTICATED 298 PO BOX 689 Elko NV 89803	
RADE CALL	TRADE CALL - NAME AND ADDRESS	7
	21a. To the best of my knowledge death occurred at the time, date and place and g d due to the cause(s) stated (Signature & Title)	
	due to the cause(s) stated. (Signature & Title) The time, date and place and due to the cause(s) stated. (Signature & Title) KENNETH E JONES SIGNATURE AUTHENTICATE	
CERTIFIER		4
13,000,000		
٠	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d. PRONOUNCED DEAD (NorDay/Yr) 22e. PRONOUNCED DEAD AT (Hour)	
h :	Fig. 13/20 C1112 April 07:2012 April 07:2012	
	23s. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)	
DECISTRA	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER Coroner Kenneth E Jones PO Box 736 Eureka, NV, 89316	
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07/25/2012



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