

DOC # 0221141

08/31/2012

08:58 AM

Official Record

Recording requested By
MICHAEL MEARSEureka County - NV
Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By: FES

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0221141

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: Michael A. Mears

Address: P.O. Box 816

City/State/Zip: Eureka, NV 89316

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, 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, 20 12

Michael A. Mears
(Signature)

(Signature)

MICHAEL A. MEARS
(Print or type name here)

(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:

7/17/2016SARA G. SIMMONS
Notary Public - State of Nevada

No: 97-0349-8 - Expires July 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 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		3d. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home		
	5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 69		
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 MINUTE MIN		
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	
16a. INSIDE CITY LIMITS (Specify Yes or No) 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 P.O. BOX 689 Elko NV 89803	
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 <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) July 23, 2012		21c. HOUR OF DEATH 22:04		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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>		22b. DATE SIGNED (Mo/Day/Yr) July 23, 2012		22c. HOUR OF DEATH 22:04		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 07, 2012	
22e. PRONOUNCED DEAD AT (Hour) 22:04		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) 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).) Probable Myocardial Infarction		25a. ACC., SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
25d. DESCRIBE HOW INJURY OCCURRED		25e. INJURY AT WORK (Specify Yes or No)		25f. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		25g. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE	
25h. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			

STATE REGISTRAR

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VRS-Rev-20120523a

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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.

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

