

DOC # 0223926

04/02/2013

11:27 AM

Official Record

Recording requested By
PATRICK DEMPSEY

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$41.00

Page 1 of 4

RPTT:

Recorded By: LLH

Book- 548 Page- 0205



0223926

APN# _____

Recording Requested by:

Name: _____

Address: _____

City/State/Zip: _____

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Please complete Affirmation Statement below:

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law:

Signature (Print name under signature)

Title

Termination of Joint Tenancy

(Insert Title of Document Above)

Only use the following section if one item applies to your document

This document is being re-recorded to _____

-OR-

This document is being recorded to correct document # _____, and is correcting

If legal description is a metes & bounds description, furnish the following information:

Legal description obtained from _____ (Document Title), Book _____
Page _____ Document # _____ recorded _____ (date) in the
Eureka County Recorder's Office.

-OR-

If Surveyor, please provide name and address:

This page added to provide additional information required by NRS 111.312 Sections 1-4.
(Additional recording fee applies)

**AFFIDAVIT-TERMINATION OF JOINT TENANCY
(DEATH OF A JOINT TENANT)**

Assessor's Parcel No. (APN#): 002-038-19

RECORDING REQUESTED BY MAIL TAX STATEMENT TO:

Name: Patrick S. Dempsey

Address: 431 Fourth Street

City/State/Zip: Crescent Valley, NV 89821

I, Patrick S. Dempsey, the Affiant, being of legal age, and being first duly sworn,
deposes and says:

That Linda Lucille Dempsey, the decedent mentioned in the attached certified copy of
Certificate of Death, is the same as Linda Dempsey,
named as one of the parties in that certain Grant, Bargin and Sale Deed,
dated on the 12th day of May, 2006, and executed by First American Title,
known as "Grantor(s)" to Patrick S. And Linda Dempsey,
known as "Grantee(s)", as Joint Tenants, and recorded as instrument No. 151-2272281,
on the 12th day of May, 2006, in Book 436, of Official Records of
Eureka, County, Nevada, covering the following described property situated in the City of
Crescent Valley, County of Eureka, State of Nevada.

*Parcel Number: 002-038-19, District: 2.0, Roll No. 001559
Property Location: 526 Fifth Street, Crescent Valley, NV
Physical Address: Lot 16, Block 22 of Crescent Valley
Ranch and Farms Unit #, Book 436, Page 112*

*Parcel Number: 002-038-01, District: 2.0, Roll No. 001558
Property Location: 431 Fourth Street, Crescent Valley, NV
Physical Address: Lot 13, Block 22 of Crescent Valley
Ranch and Farms Unit #, Book 436, Page 110*

That the 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 \$160,000.00.

In witness Whereof, I/We have hereunto set my hand /our hands this 2nd day of

April, 2013.

Patrick S. Dempsey
(Signature)

(Signature)

Patrick S. Dempsey

(Print or Type Name)

(Print or Type Name)

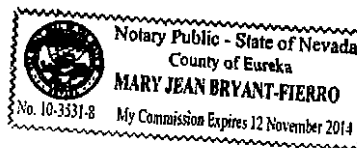
STATE OF NEVADA)
)ss.
COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) 4-2-2013.

By person(s) appearing before notary public Patrick S. Dempsey.

Mary Jean Bryant-Fierro
NOTARY PUBLIC

My Commission expires: 11-12-2013.



STATE OF NEVADA CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2009012175
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) Linda Lucille DEMPSEY			2. DATE OF DEATH (Mo/Day/Year) August 22, 2009		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Crescent Valley		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Residence 435 4th Street		3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home		
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 60		
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS		
8. DATE OF BIRTH (Mo/Day/Yr) April 11, 1949		9a. STATE OF BIRTH (If not U.S.A. name country) West Virginia		9b. CITIZEN OF WHAT COUNTRY United States		
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Patrick Stuart DEMPSEY		
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Rancher		14b. KIND OF BUSINESS OR INDUSTRY Ranching		
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley		
15d. STREET AND NUMBER Residence 435 4th Street		15e. INSIDE CITY LIMITS (Specify Yes or No) No				
16. FATHER -NAME (First Middle Last Suffix) Daniel E AVERY			17. MOTHER -NAME (First Middle Last Suffix) Vera MONTI			
18a. INFORMANT - NAME (Type or Print) Patrick Stuart DEMPSEY			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 211014 Crescent Valley Nevada 89821			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY NAME The Gardens		19c. LOCATION City or Town State Fallon Nevada 89406		
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) LORETTE GUZZINI		20b. FUNERAL DIRECTOR LICENSE 600		20c. NAME AND ADDRESS OF FACILITY The Gardens 2949 Austin Hwy Fallon NV 89406		
20d. SIGNATURE AUTHENTICATED						
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JAMES ALLEN HOCKENBERRY M.D.						
21b. DATE SIGNED (Mo/Day/Yr) August 24, 2009		21c. HOUR OF DEATH 23:10		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)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) James Allen Hockenberry M.D. 801 E. Williams Avenue #2209 Fallon NV 89406		23b. LICENSE NUMBER 4446		23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 25, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
24d. SIGNATURE AUTHENTICATED						
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
PART I		(a) Brain Metastasis				
		Interval between onset and death 20 Months				
		(b) Carcinoma Breast				
		Interval between onset and death 1 Year				
		(c) 				
		Interval between onset and death				
		(d) 				
		Interval between onset and death				
PART II						
26a. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26d. INJURY AT WORK (Specify Yes or No)		26e. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)		26f. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE		
26g. LOCATION		26h. STREET OR R.F.D. No		26i. CITY OR TOWN		
26j. STATE						

STATE REGISTRAR

289070

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: 08/25/2009

This copy is not valid unless prepared

PBNC0 (Rev) 1/06

STATE REGISTRAR
SIGNATURE AUTHENTICATED

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VRS Rev 20090602