

APN:005-210-12

DOC# 224793

08/26/2013

01:00PM

Mailing Address of Grantee or Other Person Requesting Recording:

Wilson | Barrows | Salyer | Jones
442 Court Street
Elko, Nevada 89801

Official Record

Requested By
WILSON BARROWS SALYER JONES
Eureka County - NV

Mike Rebaleati - Recorder

Page: 1 of 4 Fee: \$17.00
Recorded By FS RPTT: \$0.00
Book- 0554 Page- 0218

Mail Tax Statements to:

Betty Howe
2112 Cliffside Drive
Plano, TX 75023



0224793

Social Security Number Affirmation Statement:

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does not contain personal information, including full social security number of any person;

-OR-

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does contain personal information, including full social security number of a person.

Tiffany Eklund

Legal Secretary

Name

Title

Signature

Title of Document Recorded:

AFFIDAVIT TERMINATING JOINT TENANCY

WILSON | BARROWS | SALYER | JONES

442 Court Street | Elko, Nevada 89801 | 775.738.7271

AFFIDAVIT TERMINATING JOINT TENANCY

Betty L. Howe hereby solemnly swears, deposes, says under oath, and declares under penalties of perjury that the following assertions are true:

1. Affiant is a person who has knowledge of all of the facts hereinafter set forth:

2. Affiant is a surviving spouse of Robert T. Howe, now deceased.

3. The aforesaid Robert Thomas Howe, aka Robert T. Howe, one of the Grantees named in the Deed hereinafter described, died in the City of Frisco, County of Collin, State of Texas, on July 15, 2008, and is the identical person named as Robert T. Howe in that Certificate of Death, duly certified, marked Exhibit A attached hereto, and incorporated into and made a part hereof by reference.

4. Robert T. Howe became a joint tenant with Betty L. Howe, as to the property, and in the conveyance hereinafter described:

Deed dated May 9, 1978, executed by Cattlemen's Title Guarantee Company, a Nevada Corporation, Grantor, in favor of Robert T Howe and Betty L. Howe, husband and wife, as Grantees, recorded on May 17, 1978, in Book 63, Official Records, Page 380, Eureka County Recorder's Office, Eureka, Nevada, as File No. 64943, conveying that certain real property situate in the County of Eureka, State of Nevada, and more particularly described as follows:

Township 30 North, Range 48 East, M.D.B. & M.

Section 15: N 1/2 of the NE 1/4 of the SE 1/4

Together with the improvements thereon situate.

Together with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

5. Robert T. Howe was survived by the following joint tenant, as to the

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442 Court Street | Elko, Nevada 89801 | 775.738.7271



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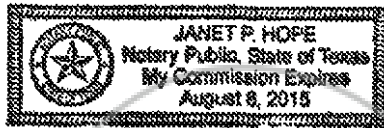
above-described property: Betty L. Howe.

6. This Affidavit is made pursuant to NRS 40.525 and NRS 111,365 for the purpose of terminating the joint tenancy above described, and vesting all right, title and interest of the aforesaid deceased joint tenant solely in the aforesaid surviving joint tenant, all of record.

Betty L. Howe
Betty L. Howe

STATE OF TEXAS)
) ss.
COUNTY OF COLLIN)

Subscribed and sworn to before me this 16th day of August, 2013, by Betty L. Howe.



Janet P. Hope
NOTARY PUBLIC

13070142rgb.wpl
July 30, 2013



CERTIFICATION OF VITAL RECORD



07/28/2008 10:12:15 AM VDC 1/1

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARRANTY: I warrant making a true statement in the true and lawful manner and to the best of my knowledge, death occurred due to the cause(s) and manner stated.

VS-112 REV 1/2006

1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last) ROBERT THOMAS HOWE		2. DATE OF DEATH - ACTUAL OR PRESUMED 07/15/2008	
3. SEX MALE	4. DATE OF BIRTH 11-18-1930	5. AGE - Last Birthday (Years) 77	6. UNDERLYING CAUSE OF DEATH MD
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	9. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage) BETTY LOYANT	
10a. RESIDENCE STREET ADDRESS 1 WOODLEEK LANE		10b. CITY OR TOWN FRISCO	10c. STATE TEXAS
11. FATHER'S NAME Henry Howe		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE UNKNOWN	
13. PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> GOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH COLLIN		15. CITY/TOWN, ZIP CODE (If differently listed, give precise loc.) PLANO, 75024	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED KAREN MISKO - DAUGHTER		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 8513 TWIN LAKES WAY, PLANO, TX 75093	
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH R. Phyllis Adams 9103	
22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place) TWIN OAKS CREMATORY		23. LOCATION (City, Town, and State) EDWIS TEXAS	
24. NAME OF FUNERAL FACILITY AERIA CREMATION & Funeral Home		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 19310 PRESTON RD., DALLAS, TX 75253	
27. SIGNATURE OF CERTIFIER WILLIAM B ROHR		28. DATE CERTIFIED (MM/DD/YYYY) 7/22/2008	29. LICENSE NUMBER 67324
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) WILLIAM B ROHR, 700B WILMETH ROAD, MCKINNEY, TX 75069		32. TITLE OF CERTIFIER MD	
33. PART 1: ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.			Approximate Interval Close to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. METASTATIC COLON CANCER			
Sequitely (if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the event resulting in death) first.)			
PART 2: ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH - BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 43 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within this past year		39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (MM/DD/YYYY)	40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
40e. LOCATION (Street and Number, City, State, Zip Code)		40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO. 07-1706	42b. DATE RECEIVED BY LOCAL REGISTRAR 7-28-2008	42c. REGISTRAR <i>[Signature]</i>	

STATE OF TEXAS COLLIN COUNTY

I certify that the foregoing is a true and correct copy of the DEATH CERTIFICATE filed under Instrument Number 20080728030017060 in Collin County, Texas.

[Signature]

Issued: *March 26, 2013* Stacey Kemp, County Clerk
By: *[Signature]*, Deputy Collin County, Texas



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