

APN: 005-200-12

Send Tax Statements to:
Richard Gray

When recorded return to:
Copenhaver & McConnell, P.C.
950 Idaho Street
Elko, NV 89801

DOC # 0229553

06/08/2015

01:31 PM

Official Record

Recording requested By
COPENHAVER & MCCONNELL PC

Eureka County - NV

Sara Simmons - Recorder

Fee: \$16.00

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RPTT:

Recorded By: LH

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AFFIDAVIT TERMINATING JOINT TENANCY PURSUANT TO NRS 111.365

STATE OF NEVADA)
) ss.
COUNTY OF EUREKA)

I, **RICHARD GRAY**, do hereby swear (or affirm) under penalty of perjury that the following assertions of this Affidavit are true.

1. That I am the surviving nephew and the Personal Representative of the estate of **HUBERT W. VAN GESSNER**. I am the surviving nephew of **INGRID M. VAN GESSNER**.

2. That **HUBERT W. VAN GESSNER** and **INGRID M. VAN GESSNER** acquired the following described property in the County of Eureka, State of Nevada, as joint tenants with right of survivorship, by that certain Deed recorded on March 8, 1979, as File No. 67909, Official Records Eureka County Recorder, Eureka County, State of Nevada, said real property being more specifically described as follows:

TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B.&M.
SECTION 17: NE¼ NE¼ NW¼

RESERVING UNTO Grantor, its successors and assigns, for roadway, transmission and utility purposes, a perimeter easement 30 feet in width measured inward from, and the interior boundary of said easement running parallel to, each of the exterior boundaries of the property herein described.

SUBJECT TO taxes for the present fiscal year, and subsequently; covenants, conditions, restrictions, exceptions

and reservations, easements, encumbrances, leases or licenses, rights and rights of way of record, if any.

TOGETHER WITH the tenements, hereditaments and appurtenances thereto belonging or appertaining, and the revision and revisions, remainder or remainders, rents, issues and profits thereof.

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3. That **INGRID M. VAN GESSNER**, being one of the persons described in the foregoing described Deed as a grantee and joint tenant, died City of Colorado Springs, County of El Paso, State of Colorado, on the 13th day of May, 2006. That a certified copy of the death certificate of **INGRID M. VAN GESSNER** is attached to this Affidavit and made a part thereof.

I am making this Affidavit for recording and for the purpose of showing that all right, title interest or estate of **INGRID M. VAN GESSNER** in the above-described real property has terminated by virtue of her death and that title to the real property is now vested solely in the surviving joint tenant, **HUBERT W. VAN GESSNER**, as his sole and separate property.

DATED this 27 day of MAY, 2015.


RICHARD GRAY

State of COLORADO
County of EL PASO

This instrument was acknowledged before me on the 27th day of MAY, 2015, by **RICHARD GRAY**.


NOTARY PUBLIC

LINDA E. MCGEE
NOTARY PUBLIC
STATE OF COLORADO
My Commission Expires 06/07/2016



CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

HOLD TO LIGHT TO VIEW WATERMARK

STATE OF COLORADO CERTIFICATE OF DEATH

STATE FILE NUMBER

1326

DECEDENT		1. DECEDENT'S NAME (First, Middle, Last) Ingrid Margaret VAN GESSNER		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) May 13, 2006
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) 64	5b. UNDER 1 YEAR Mos. Days	5c. UNDER 1 DAY Hrs. Mins.	6. DATE OF BIRTH (Month, Day, Year) February 14, 1942
7. BIRTHPLACE (City and State or Foreign Country) Berlin, Germany		8. HAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify)		9b. CITY, TOWN, OR LOCATION OF DEATH Colorado Springs			
9c. FACILITY NAME (If not institution, give street and number) Memorial Hospital		9d. COUNTY OF DEATH El Paso			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Computer Technician		10b. KIND OF BUSINESS/INDUSTRY Lock Manufacturing		11. MARITAL STATUS - Married, Never, Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If wife, give maiden name) Hubert W. Van Gessner		13a. RESIDENCE-STATE Colorado			
13b. COUNTY El Paso		13c. CITY, TOWN, OR LOCATION Colorado Springs		13d. STREET AND NUMBER 5111 Sacred Feather Drive	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 80916		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify	
15. RACE: American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed: Elementary or secondary [9 through 12]; College [13 through 16 or 17+] 14			
PARENTS		17. FATHER'S NAME (First, Middle, Last) William Steuermann		18. MOTHER'S NAME (First, Middle, Last (Maiden Name)) Else M. Irrgang	
DISPOSITION		19. INFORMANT NAME and relationship to decedent Hubert Van Gessner - Spouse		20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Shrine of Remembrance Crematory		20c. LOCATION - City or Town, State Colorado Springs, Colorado			
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. NAME AND ADDRESS OF FACILITY: Shrine of Remembrance 1730 East Fountain Boulevard Colorado Springs, Colorado ZIP: 80910			
22a. REGISTRAR'S SIGNATURE <i>[Signature]</i>		22b. DATE FILED (Month, Day, Year) MAY 18 2006			
23. TIME OF DEATH 1758		24. DATE PRONOUNCED DEAD Month May Day 13 Year 2006		25. WAS CORONER NOTIFIED? (Yes or No) Yes	
CERTIFIER			TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		
26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated Signature <i>[Signature]</i>			27. 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) and manner as stated. Signature <i>[Signature]</i>		
28. DATE SIGNED (Month, Day, Year) MAY 17, 2006			29. DATE SIGNED (Month, Day, Year) MAY 17, 2006		
30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) Robert C. Bux, M.D. 2743 East Las Vegas Street, Colorado Springs Colorado ZIP: 80906					
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)					
CAUSE OF DEATH					
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		33a. DATE OF INJURY (Month, Day, Year)		33b. TIME OF INJURY M	
33c. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		33d. DESCRIBE HOW INJURY OCCURRED			
34. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.] (a) Myocardial infarction & probable stroke DUE TO OR AS A CONSEQUENCE OF (b) Hypertensive and atherosclerotic cardiovascular disease DUE TO OR AS A CONSEQUENCE OF (c)		Interval between onset and death minutes		Interval between onset and death years	
PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g., alcohol abuse, obesity, smoker). atrial fibrillation		35. AUTOPSY (Yes or No) no		36. IF YES were findings considered in determining cause of death?	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DATE ISSUED

MAY 18 2006

Ronald S. Hyman

RONALD S. HYMAN
STATE REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

REV 07/03

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