

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

DOC # 0230037

10/27/2015 09:23 AM

Official Record

Recording requested by
SHAWN SMITH

Eureka County - NV
Sara Simmons - Recorder

Fee: \$15.00

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RPTT:

Recorded By: LH

Book- 585 Page- 0267

ASSESSOR'S PARCEL NO. (APN#): 01-163-01

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Shawn S. & Leah M. Smith

Address: P. O. BOX 189

City/State/Zip: Eureka, NV 89316



0230037

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

That Brad R. Smith, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Brad R. Smith
(Deceased Name as shown on Deed)

named as one of the parties in that certain JOINT TENANCY DEED WITH RIGHT OF SURVIVORSHIP

(Type of Document)
dated on the 20th day of November, 2009, and executed by
Brad R. Smith, known as "Grantor(s)" to Brad R. Smith & Shawn S. Smith
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 0214218
20th day of November, 2009 in book 496 Pg. 000 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)

Lots 1,2,3,4,5,6,7 & 8 Block 52, Townsite of Eureka, Nevada
471 S. Edwards Street

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 \$ 64,131

In witness Whereof, I/We have hereunto set my hand/our hands this 27th day of Oct., 20 15

Shawn S. Smith
(Signature) Shawn S. Smith
(Print or type name here)

(Signature)
(Print or type name here)

STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on (date) October 27th 2015

By (person(s) appearing before notary public) Shawn S. Smith

Kathy Bacon-Bowling
(Notary Public)

My Commission expires: May 11, 2019



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

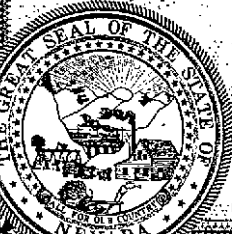
CERTIFICATE OF DEATH

2014021473
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) Brad Robert SMITH		2. DATE OF DEATH (Mo/Day/Year) December 03, 2014		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or Inpatient (Specify) Intensive Care Unit (ICU) Renown Regional Medical Center		3d. SEX Male	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 16 1941	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (Maiden name)		13. SOCIAL SECURITY NUMBER	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Insurance Agent		14b. KIND OF BUSINESS OR INDUSTRY Insurance		Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
DISPOSITION	15d. STREET AND NUMBER 471 S. Edwards St		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) SMITH	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Melba Thelma BORLAND		18a. INFORMANT: NAME (Type or Print) Shawn SMITH		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 189 Eureka, Nevada 89316	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION - City or Town - State Reno, Nevada	
	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) DUSTIN OLSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 779		20c. NAME AND ADDRESS OF FACILITY Simple Cremation Reno 4600 Kietzke Lane, Ste. G-173 Reno NV 89502	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) Piotr Kubiczek M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) December 08, 2014		21c. HOUR OF DEATH 05:53	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr) December 03, 2014		22b. PRONOUNCED DEAD AT (Hour) 05:53	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Piotr Kubiczek M.D., 10 Kirman Ave Reno, NV 89520		23b. LICENSE NUMBER 11610		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 02, 2015		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).) PART I: (a) Intraparenchymal Hemorrhage DUE TO, OR AS A CONSEQUENCE OF (b) Hypertensive And Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Alcohol Abuse	
CAUSE OF DEATH	25. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)	
	28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

380693



000173181

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.

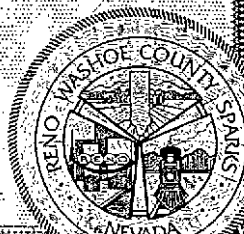
1/2/2015

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:
PBR/CO (Rev) 03/12

This copy not valid unless prepared on engraved holder displaying date, seal and signature of Registrar.



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VRS-Rev-20120523a