

**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

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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 27<sup>th</sup> day of Oct., 20 15

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

\_\_\_\_\_  
(Signature)  
(Print or type name here)

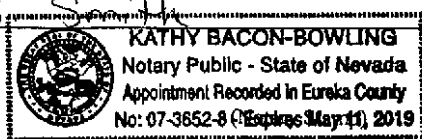
STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on (date) October 27<sup>th</sup> 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 address) Renown Regional Medical Center			3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Intensive Care Unit (ICU) 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	
	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)		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) 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		15d. STREET AND NUMBER 471 S. Edwards St			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
PARENTS	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					
DISPOSITION	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					
TRADE CALL	TRADE CALL - NAME AND ADDRESS											
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						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) Piotr Kubiczek M.D. SIGNATURE AUTHENTICATED					
	21b. DATE SIGNED (Mo/Day/Yr) December 08, 2014			21c. HOUR OF DEATH 05:53			22b. DATE SIGNED (Mo/Day/Yr) December 08, 2014			22c. HOUR OF DEATH 05:53		
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) December 03, 2014					
	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					
CAUSE OF DEATH	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											
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25a. ACC., SUICIDE, HOMICIDE, UNDET. 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			25. AUTOPSY (Specify Yes or No) No 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		

STATE REGISTRAR

380693



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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.

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.

