

DOC # 0231059

04/01/2016

02:48 PM

**AFFIDAVIT – TERMINATING JOINT TENANCY
(DEATH OF A JOINT TENANT)**

Official Record

Recording requested By
MICHAEL REBALEATI

Eureka County - NV

Sara Simmons - Recorder

Fee: \$16.00

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RPTT:

Recorded By: LH

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ASSESSOR PARCEL NO. (APN)
001-124-04; 001-129-02; 001-129-03

Recording Requested by and Mail Tax Statements to:

Michael Rebaleati
P.O. Box 321
Eureka, NV 89316



I, Michael N. Rebaleati, the affiant, being of legal age, and being first duly sworn, deposes and says:

That Maxine P. Rebaleati, the decedent mentioned in the attached certified Certificate of Death, is the same person as Maxine P. Rebaleati named as one of the parties in that certain Joint Tenancy Deed, dated on the 31st day of July 1991, and executed by J. Norman Rebaleati, known as "Grantor" to J. Norman Rebaleati, Maxine P. Rebaleati, and Michael N. Rebaleati, known as "Grantees", as Joint Tenants, and recorded as Instrument No. 137364, on the 31st day of July, 1991, in book 224 Page 232, of Official Records of Eureka County, Nevada, covering the following described property situated in the Town of Eureka, County of Eureka, State of Nevada.

Parcel 001-124-04 – 110 S. Main Street. Block 34, Lots 1,2,3,4,5,6 and all that certain real property situate within apportion of the Southwest ¼ of the Southwest ¼ of Section 13, Township 19 N. Range 53 E. M.D.M. further described as all of Lot 7, and a portion of Lot 8, Plat of Eureka Townsite on file in the office of the US Department of the Interior, more particularly described as follows:

Commencing at the Northeast corner of Lot 1, said Block 34; Thence S 08 48' 19" E. a distance of 150.66 feet to the point of beginning; Thence S 08 48' 19" E., a distance of 42.04 feet; thence S 81 11' 41" W, a distance of 107.90 feet; thence N 08 48' 19" W., a distance of 42.04 feet thence N 81 11' 41" E., a distance of 107.90 feet to the True Point of Beginning. Containing 0.10 acres, or 4,536 square feet, more or less. Refer to Record of Survey, Recorder's File 165774

Parcel 001-129-02 (formerly 1-129-01) - 201 S. Main Street. Block 25; Lots 1 & 2 – Town of Eureka.

Parcel 001-129-03 (formerly 1-129-01) – 251 S. Main Street; Block 25; Lots 3,4 & portion of 5.

In Witness whereof, I have hereunto set my hand this 1st day of April, 2016.

Michael N. Rebaleati

Michael N. Rebaleati

State of Nevada

County of Eureka

This instrument was acknowledged before me on April 1, 2016. By Michael Rebaleati
appearing before Diane D. Podborny.

Diane D. Podborny
(Notary Public)

My commission expires:



DIANE D. PODBORNY
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 13-10500-8
My Appt. Expires March 12, 2017



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STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

CASE FILE NO. 3878406

2016002453

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
STAYING THE
UNDERLYING
CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Maxine P REBALEATI				2. DATE OF DEATH (Mo/Day/Year) February 11, 2016		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and city) Life Care Center of Reno				3e. If Hosp. or Inst. indicate DCA, OP/Emer. Rm. Inpatient (Specify) Nursing Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 90	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 MIN MIN		8. DATE OF BIRTH (Mo/Day/Yr) August 13, 1925	
9a. STATE OF BIRTH (If not US/CA, name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARITAL STATUS (Specify) Widowed	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)							
13. SOCIAL SECURITY NUMBER 078		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Life) Teacher				14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		15d. STREET AND NUMBER 381 Main Street	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes							
16. FATHER/PARENT NAME (First Middle Last Suffix) Floyd PETERSON				17. MOTHER/PARENT NAME (First Middle Last Suffix) Katie PRATT			
18a. INFORMANT NAME (Type or Print) Michael N REBALEATI				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 321 Eureka Nevada 89316			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory				19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) DENISE PORTILLO SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER 872		20c. NAME AND ADDRESS OF FACILITY Wallon's Funeral Home, Reno 875 West Second St Reno NV 89503	
TRADE CALL - NAME AND ADDRESS							
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GRANT P ANDERSON M.D.				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)			
21b. DATE SIGNED (Mo/Day/Yr) February 11, 2016		21c. HOUR OF DEATH 10:08		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Grant P Anderson M.D. 330 E Liberty St Reno, NV 89501				23b. LICENSE NUMBER 3156			
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 17, 2016		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) Atherosclerotic Vascular Disease							
DUE TO, OR AS A CONSEQUENCE OF							
(b) DUE TO, OR AS A CONSEQUENCE OF							
(c) DUE TO, OR AS A CONSEQUENCE OF							
(d)							
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I						26. AUTOPSY (Specify Yes or No) No	
27a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		27b. DATE OF INJURY (Mo/Day/Yr)		27c. HOUR OF INJURY		27d. DESCRIBE HOW INJURY OCCURRED	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

STATE REGISTRAR



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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.

2/18/2016

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:
REV 10/15

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

