

APN: 007-396-10

DOC# 231671
07/20/2016 04:43PM

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
Sara Simmons - Recorder
Page: 1 of 4 Fee: \$17.00
Recorded By LH RPTT: \$0.00
Book- 0592 Page- 0376

Mail Tax Statements to:

Phyllis Black
290 Pleasant Valley Road #9
Spring Creek, NV 89815



0231671

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.

Shauna L. Baumann
Name

Paralegal
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

Phyllis Black 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 wife of **William James Black**, now deceased (“Decedent”).

3. Decedent, one of the Grantees named in the Deed hereinafter described, died in the City of Elko, County of Elko, State of Nevada, on September 5, 2013, and is the identical person named as **William James Black** in that Certificate of Death, duly certified, attached hereto and incorporated and made a part hereof by reference.

4. Decedent became a joint tenant with Affiant via that deed recorded on October 27, 1987, as File No. 112907, in the Office of the Eureka County Recorder, as to the following property:

Lot 2 of Lot 4 of Parcel A as shown on that certain Parcel Map and Record of Survey for Ron and Evelyn Naillon, filed in the Office of the County Recorder of Eureka County, Nevada, on October 21, 1985, as File No. 100554, located in a portion of the E½ of Section 17, Township 20 North, Range 53 East, M.D.M.

EXCEPTING THEREFROM all the oil and gas in and under said land reserved by the United States of America in Patent, recorded April 15, 1966, in Book 10, Page 331, Official Records, Eureka County, Nevada.

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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.

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5. Decedent was survived by the following joint tenant, as to the above-described property: **Phyllis Black**.

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.



PHYLLIS BLACK

STATE OF NEVADA,

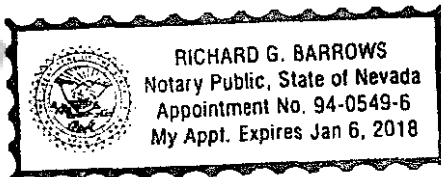
COUNTY OF ELKO.

Subscribed and sworn to before
me this 20 day of July, 2016,
by **Phyllis Black**.



NOTARY PUBLIC

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS
CERTIFICATE OF DEATH

2013015133
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1a. DECEASED - NAME (FIRST, MIDDLE, LAST, SUFFIX) William James		13c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) BLACK		2. DATE OF DEATH (Mo/Day/Year) September 05, 2013		3a. COUNTY OF DEATH Eiko	
3b. CITY, TOWN, OR LOCATION OF DEATH Eiko		13d. HISPANIC ORIGIN? Specify (No - Non-Hispanic) Northeastern Nevada Regional Health		3a. IF Hosp. or Inst. indicate DOA, DPEmer, Rm. Inpatient (Specify) Intensive Care Unit (ICU)		4. SEX Male	
5. RACE (Specify) White		9a. STATE OF BIRTH (If not U.S.A., name country) Missouri		7a. AGE - Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 9		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH (Mo/Day/Yr) January 15, 1928	
13. SOCIAL SECURITY NUMBER 9195		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Rancher		14b. KIND OF BUSINESS OR INDUSTRY Rancher		12. SURVIVING SPOUSE (If wife, give maiden name) Phyllis BARRETT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eiko		15c. CITY, TOWN OR LOCATION Spring Creek		15d. STREET AND NUMBER 162 Bar None Lane	
16. FATHER/PARENT - NAME (First Middle - Last Suffix) Franklin Robert BLACK		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edith SPARKMAN		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
18a. INFORMANT - NAME (Type or Print) Phyllis BLACK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 290 Spring Creek, Nevada 89815		18c. LOCATION City or Town State Eureka Nevada 89316			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY Cedar Hills Cemetery		20b. FUNERAL DIRECTOR LICENSE 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 888 Eiko NV 89803	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 888 Eiko NV 89803			
21a. TRADE CALL - NAME AND ADDRESS DALE GORSKI		21b. DATE SIGNED (Mo/Day/Yr) September 06, 2013		21c. HOUR OF DEATH 20:04		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) DALE GORSKI	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NICOLE SHORE		21e. SIGNATURE AUTHENTICATED NICOLE SHORE		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) DALE GORSKI NV		24a. REGISTRAR (Signature) DALE GORSKI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 18, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE PART I (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF (c) Aspiration DUE TO, OR AS A CONSEQUENCE OF (d)		26. DATE OF INJURY (Mo/Day/Yr)		27. HOURS		Interval between onset and death Hours	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. C-Diff Colitis		28a. ACC., SUICIDE, FOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		Interval between onset and death Days	
28c. INJURY AT WORK (Specify Yes or No)		28d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28e. HOUR OF INJURY		Interval between onset and death Days	
28f. DESCRIBE HOW INJURY OCCURRED		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28h. AUTOPSY (Specify Yes or No) No		Interval between onset and death Days	
28i. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes							

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 STATING THE UNDERLYING CAUSE LAST

2013015133



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CERTIFIED COPY OF VITAL RECORDS

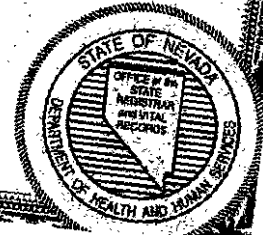
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DATE ISSUED: 09/18/2013

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



R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20120526