

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

*Shauna L. Baumann*  
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**

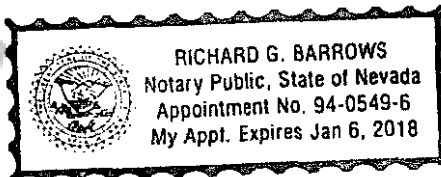
STATE OF NEVADA,

COUNTY OF ELKO.

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

  
\_\_\_\_\_  
NOTARY PUBLIC

16070122slb.wpd



**WILSON | BARROWS | SALYER | JONES**

442 Court Street | Elko, Nevada 89801 | 775.738.7271



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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) <b>William James</b>		1c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) <b>BLACK</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 05, 2013</b>		3a. COUNTY OF DEATH <b>Eiko</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Eiko</b>		3c. HISPANIC ORIGIN? Specify (No - Non-Hispanic) <b>Northeastern Nevada Regional Health</b>		3d. IF Hosp. or Inst. indicate DOA, DPEmer, Rm. Inpatient (Specify) <b>Intensive Care Unit (ICU)</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6a. STATE OF BIRTH (If not U.S.A., name country) <b>Missouri</b>		6b. CITIZEN OF WHAT COUNTRY <b>United States</b>		7a. AGE - Last birthday (Years) <b>85</b>	
13. SOCIAL SECURITY NUMBER <b>9195</b>		10. EDUCATION <b>9</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		7b. UNDER 1 YEAR MOS _____ DAYS _____ HOURS _____ MINS	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eiko</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Rancher</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Phyllis BARRETT</b>	
16. FATHER/PARENT - NAME (First Middle - Last Suffix) <b>Franklin Robert BLACK</b>		15c. CITY, TOWN OR LOCATION <b>Spring Creek</b>		16a. STREET AND NUMBER <b>162 Bar None Lane</b>		15d. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	
17a. INFORMANT - NAME (Type or Print) <b>Phyllis BLACK</b>		17b. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Edith SPARKMAN</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Rancher</b>		15e. EVER IN US Armed Forces? Yes/No <b>Yes</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		18a. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 290 Spring Creek, Nevada 89815</b>		17c. LOCATION City or Town State <b>Eureka Nevada 89316</b>		19b. FUNERAL DIRECTOR LICENSE <b>298</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b>		20b. FUNERAL DIRECTOR LICENSE <b>298</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home PO BOX 888 Eiko NV 89803</b>		19c. LOCATION City or Town State <b>Eureka Nevada 89316</b>	
21a. TRADE CALL - NAME AND ADDRESS <b>DALE GORSKI</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>September 06, 2013</b>		21c. HOUR OF DEATH <b>20:04</b>		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) <b>DALE GORSKI</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>NICOLE SHORE</b>		23b. DATE SIGNED (Mo/Day/Yr) <b>September 18, 2013</b>		23c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>DALE GORSKI</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 18, 2013</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		22c. HOUR OF DEATH	
25. IMMEDIATE CAUSE (PART I) <b>(a) Cardiopulmonary Arrest</b> <b>(b) Respiratory Failure</b> <b>(c) Aspiration</b>		25. IMMEDIATE CAUSE (PART II) <b>C-Diff Colitis</b>		26. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
26a. DATE OF INJURY (Mo/Day/Yr)		26b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26c. HOUR OF INJURY		26d. DESCRIBE HOW INJURY OCCURRED	
26e. INJURY AT WORK (Specify Yes or No)		26f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		26g. LOCATION		26h. LOCATION	

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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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.

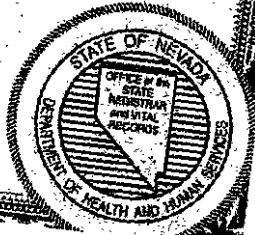
DATE ISSUED: **09/18/2013**

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

**231671**  
CERTIFIED COPY OF VITAL RECORDS

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**R. J. White**  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



VRS-Rev-20120526