

APN: 002-049-06
002-015-14

EUREKA COUNTY, NV **2019-237918**
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GOICOECHEA, DI GRAZIA, COYLE & STANTON, LTD.
LISA HOEHNE, RECORDER

**Recording Requested By
and Return to:**
Goicoechea, Di Grazia,
Coyle & Stanton, Ltd.
530 Idaho Street
Elko, NV 89801

Mail tax statement to:
Carol A. Schmitz
878 Eighth Street
Crescent Valley, NV 89821

Affirmation: This document DOES
contain the social security number
of any person, NRS 239B.030.

**AFFIDAVIT TERMINATING JOINT TENANCY AND COMMUNITY PROPERTY
WITH RIGHT OF SURVIVORSHIP**

STATE OF NEVADA)
) ss.
COUNTY OF ELKO)

CAROL A. SCHMITZ, aka **CAROL SCHMITZ**, the surviving spouse of Decedent,
PHILIP CASPER SCHMITZ, aka **PHIL C. SCHMITZ**, aka **PHIL SCHMITZ**, 878 Eighth
Street, Crescent Valley, NV 89821, being first duly sworn, according to law, deposes and says:

1. That **CAROL A. SCHMITZ** makes this Affidavit to vest title in **CAROL A. SCHMITZ**, the survivor of **PHILIP CASPER SCHMITZ**, aka **PHIL C. SCHMITZ**, aka **PHIL SCHMITZ**.

2. That **PHIL C. SCHMITZ** and **CAROL A. SCHMITZ** acquired the following described property as joint tenants with right of survivorship, by that certain Deed dated October 25, 2001, and recorded in the Office of the County Recorder, Eureka County, Nevada, on October 29, 2001 as File Number 177140, said property being located in the County of Eureka, State of Nevada, identified as Assessor's Parcel Number 002-049-06, and being more particularly described as follows:

Lot 7, Block 36, CRESCENT VALLEY RANCH & FARMS UNIT 1.

GOICOECHEA, DI GRAZIA, COYLE & STANTON, LTD.
ATTORNEYS AT LAW
530 IDAHO STREET - P. O. BOX 1358
ELKO, NEVADA 89801
(775) 738-8091

SUBJECT TO all general and special taxes for the current fiscal year. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

TOGETHER WITH any and all buildings and improvements situate thereon.

TOGETHER WITH all improvements, tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

3. That **PHILIP CASPER SCHMITZ**, aka **PHIL C. SCHMITZ**, aka **PHIL SCHMITZ**, being the person described in the foregoing Deed as a grantee and joint tenant, died in Crescent Valley, County of Eureka, State of Nevada on the 16th day of April, 2016. That a certified copy of the Death Certificate of **PHILIP CASPER SCHMITZ**, aka **PHIL C. SCHMITZ**, aka **PHIL SCHMITZ**, is attached to this Affidavit and made a part hereof.

4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said deceased joint tenant, in and to the foregoing described property, and vesting title thereto solely in **CAROL A. SCHMITZ**, as the surviving joint tenant.

5. That **PHILIP C. SCHMITZ** and **CAROL A. SCHMITZ** acquired the following described property as community property with right of survivorship, by that certain Deed dated June 9, 2003, and recorded in the Office of the County Recorder, Eureka County, Nevada, on June 20, 2003 as File Number 182013, said property being located in the County of Eureka, State of Nevada, identified as Assessor's Parcel Number 002-015-14, and being more particularly described as follows:

LOT 5, BLOCK 7 OF CRESCENT VALLEY RANCH & FARMS, UNIT 1 as recorded.

SUBJECT TO all general and special taxes for the current fiscal year. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

TOGETHER WITH any and all buildings and improvements situate thereon.

TOGETHER WITH all improvements, tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

3. That **PHILIP CASPER SCHMITZ**, aka **PHIL C. SCHMITZ**, aka **PHIL SCHMITZ**, who erroneously acquired title as "PHILIP C. SCHMITZ" being the person described in the foregoing Deed as a grantee and as community property, died in Crescent Valley, County of

Eureka, State of Nevada on the 16th day of April, 2016. That a certified copy of the Death Certificate of PHILIP CASPER SCHMITZ, aka PHIL C. SCHMITZ, aka PHIL SCHMITZ, is attached to this Affidavit and made a part hereof.

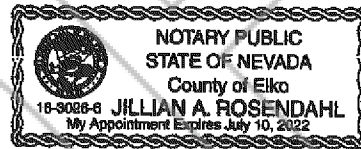
4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said deceased spouse owned as community property with right of survivorship, in and to the foregoing described property, and vesting title thereto solely in CAROL A. SCHMITZ, as the surviving spouse.

DATED this 29 day of October, 2018.

Carol A. Schmitz
CAROL A. SCHMITZ

SUBSCRIBED and SWORN to before me on this 29th day of October, 2018, by CAROL A. SCHMITZ.

Jillian A. Rosendahl
NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

CASE FILE NO. 3889569

2016007537
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 STATING THE UNDERLYING CAUSE LAST

Form containing fields for: 1a DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX), 2 DATE OF DEATH, 3a-COUNTY OF DEATH, 3b. CITY, TOWN OR LOCATION OF DEATH, 3c HOSPITAL OR OTHER INSTITUTION, 4 SEX, 5 RACE, 6. Hispanic Origin?, 7a AGE, 7b UNDER 1 YEAR, 7c UNDER 1 DAY, 8 DATE OF BIRTH, 9a STATE OF BIRTH, 9b CITIZEN OF WHAT COUNTRY, 10 EDUCATION, 11 MARITAL STATUS, 12 SURVIVING SPOUSE'S NAME, 13 SOCIAL SECURITY NUMBER, 14a USUAL OCCUPATION, 14b KIND OF BUSINESS OR INDUSTRY, 15a. RESIDENCE - STATE, 15b COUNTY, 15c CITY, TOWN OR LOCATION, 15d STREET AND NUMBER, 15e INSIDE CITY LIMITS, 16 FATHER/PARENT - NAME, 17 MOTHER/PARENT - NAME, 18a INFORMANT- NAME, 18b MAILING ADDRESS, 19a. BURIAL, CREMATION, REMOVAL, OTHER, 19b. CEMETERY OR CREMATORY - NAME, 19c LOCATION, 20a FUNERAL DIRECTOR - SIGNATURE, 20b FUNERAL DIRECTOR LICENSE NUMBER, 20c. NAME AND ADDRESS OF FACILITY, 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21b. DATE SIGNED, 21c HOUR OF DEATH, 21d. NAME OF ATTENDING PHYSICIAN, 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, 22b. DATE SIGNED, 22c HOUR OF DEATH, 22d PRONOUNCED DEAD, 22e PRONOUNCED DEAD AT, 23a NAME AND ADDRESS OF CERTIFIER, 23b LICENSE NUMBER, 24a REGISTRAR (Signature), 24b DATE RECEIVED BY REGISTRAR, 24c DEATH DUE TO COMMUNICABLE DISEASE, 25 IMMEDIATE CAUSE, 26 AUTOPSY, 27 WAS CASE REFERRED TO CORONER, 28a ACC, SUICIDE, HOM, UNDET OR PENDING INVEST, 28b DATE OF INJURY, 28c HOUR OF INJURY, 28d DESCRIBE HOW INJURY OCCURRED, 28e INJURY AT WORK, 28f PLACE OF INJURY, 28g LOCATION

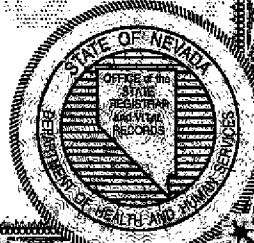
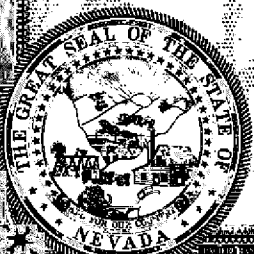
STATE REGISTRAR

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.

DATE ISSUED. 4/27/2016

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



Handwritten signature of the Registrar

VRB-Rev-20120523