

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

EUREKA COUNTY, NV  
Rec:\$35.00  
\$35.00 Pgs=4  
GOICOECHEA, DI GRAZIA, COYLE & STANTON, LTD.  
LISA HOEHNE, RECORDER

2019-237918

01/24/2019 02:26 PM

**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 16<sup>th</sup> 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 16<sup>th</sup> 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.

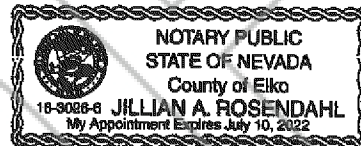
4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said deceased spouse owned as community property with right of survivorship, in and to the foregoing described property, and vesting title thereto solely in **CAROL A. SCHMITZ**, 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 29<sup>th</sup> 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

2016007537

STATE FILE NUMBER

CASE FILE NO. 3889569

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  
DEATHCONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Philip Casper SCHMITZ</b>		2 DATE OF DEATH (Mo/Day/Year) <b>April 16, 2016</b>		3a COUNTY OF DEATH <b>Eureka</b>	
3b CITY, TOWN OR LOCATION OF DEATH <b>Crescent Valley</b>		3c HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or <b>878 8th Street</b>		3d If Hosp or Inst. Indicate DOA, OP, Emer, Rm. Inpatient (Specify) <b>Home</b>	
4 SEX <b>Male</b>		5 RACE <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE - Last birthday (Years) <b>78</b>		7b UNDER 1 YEAR MOS DAYS HOURS MINS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) <b>April 23, 1937</b>		9a STATE OF BIRTH (If not US/CA, name country) <b>Iowa</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>13</b>		11 MARITAL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Carol DRISCOLL</b>	
13 SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Diesel Mechanic</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Heavy Equipment</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Eureka</b>		15c CITY, TOWN OR LOCATION <b>Crescent Valley</b>	
15d STREET AND NUMBER <b>878 8th Street</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f Ever in US Armed Forces? <b>No</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Chester SCHMITZ</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Louise WALTZ</b>		
18a INFORMANT - NAME (Type or Print) <b>Carol SCHMITZ</b>			18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) <b>878 8th Street Crescent Valley, Nevada 89821</b>		
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Sunset Crematory</b>		19c LOCATION City or Town State <b>Elko Nevada 89803</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>298</b>		20c NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home P.O. BOX 689 Elko NV 89803</b>	
20d SIGNATURE AUTHENTICATED					
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) <b>KEITH LOGAN</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>KEITH LOGAN</b>		
21b DATE SIGNED (Mo/Day/Yr) <b>April 26, 2016</b>			21c HOUR OF DEATH <b>08:05</b>		
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d PRONOUNCED DEAD (Mo/Day/Yr) <b>April 16, 2016</b>		
22e PRONOUNCED DEAD AT (Hour) <b>08:05</b>			23b LICENSE NUMBER		
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Sheriff Keith Logan P.O. Box 531 Eureka, NV 89816</b>					
24a REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>			24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 26, 2016</b>		
24c SIGNATURE AUTHENTICATED			24d 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) <b>Myocardial Infarction</b>					
DUE TO, OR AS A CONSEQUENCE OF					
(b) <b>Unspecified Etiology</b>					
DUE TO, OR AS A CONSEQUENCE OF					
(c) <b>[REDACTED]</b>					
DUE TO, OR AS A CONSEQUENCE OF					
(d) <b>[REDACTED]</b>					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I					
26a ACC, SUICIDE, HOM, UNDET OR PENDING INVEST (Specify)		26b DATE OF INJURY (Mo/Day/Yr)		26c HOUR OF INJURY	
26d DESCRIBE HOW INJURY OCCURRED		26e AUTOPSY (Specify Yes or No) <b>No</b>			
26f INJURY AT WORK (Specify Yes or No)		26g PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify)		26h LOCATION STREET OR R F D No CITY OR TOWN STATE	
26i WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					

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

