

TP #2-034-09
Recording Requested and
Mail Tax Statement to:



LISA HOEHNE, CLERK RECORDER

Sharon A. Copeland
5295 Carol Dr.
Sun Valley, NV 88433

**AFFIDAVIT-TERMINATION OF JOINT TENANCY
(Death of a Joint Tenant)**

STATE OF NEVADA)
)
COUNTY OF WASHOE)

I, Sharon Copeland, the Affiant, being of legal age and being duly sworn, deposes and says:

That Ronald Copeland, the Decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Ronald Copeland, named as one of the parties in that certain Deed dated on the 5th day of October, 1993, and executed by Cattlemen's Title Guarantee, as Grantor Ronald Copeland and Sharon A. Copeland, husband and wife, as Grantees and recorded as Document No. 146900 on the 8th day of October, 1993, Official Records of Eureka County, Nevada, covering the following described property.

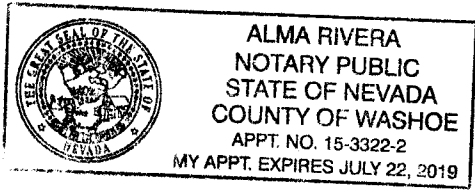
Lot 3, Block 16 Crescent Valley Rand & Farms, Unit I as recorded.

In witness Whereof, I have hereunto set my hand this 21 day of May, 2019.


Sharon Copeland

State of Nevada)
County of Washoe)

On the date above, personally appeared before me, a notary public, Sharon Copeland, who proved to me the person whose name is subscribed to the above instrument and who acknowledged that she signed this instrument.



Alma Rivera
Notary Public

COPY

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 103 IMAGE 226

847

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Ronald Lyle COPELAND			DATE OF DEATH (Month, Day, Year) 2. April 7, 2001		COUNTY OF DEATH 3a. Washoe	
	CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. St. Mary's Regional Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Pm. Inpatient (Specify) 3a. Inpatient		SEX 4. Male
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 71		UNDER 1 YEAR MOS : DAYS 7b. :
	STATE OF BIRTH (if not U.S.A., name country) 9a. Washington		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 16		UNDER 1 DAY HOURS : MINS 7c. :
PARENTS	FATHER—NAME First Middle Last 16. Lyle S. Copeland			MOTHER—MAIDEN NAME First Middle Last 17. Martha Edoff			
	INFORMANT—NAME (Type or Print) 18a. Sharon Copeland			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 211048, Crescent Valley, Nevada 89821-1048			
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		LOCATION City or Town State 19c. Reno, Nevada		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Jimmy Benson</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 9		NAME AND ADDRESS OF FACILITY 20c. John Sparks Memorial 644 Pyramid Way, Sparks, Nevada 89431		
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Steven Schiff</i>			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) and manner stated. (Signature and Title) <i>Steven Schiff</i>			
	DATE SIGNED (Mo., Day, Yr.) 21b. 4/10/01		HOUR OF DEATH 21c. 1500		DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 22c.
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. STEVEN A. SCHIFF MD. 236 W. SIXTH ST #400 RENO, NV 89503			LICENSE NUMBER 23b. 3821			
	REGISTRAR 24a. (Signature) <i>Sandy Antuney</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 11, 2001		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)						
	PART I (a) Esophageal Ca		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
PART II (b)		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II (c)		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				Interval between onset and death	
AUTOPSY (Specify Yes or No) 26. NO		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. NO					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.		DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE	

No. 177528

STATE REGISTRAR

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *Sandy Antuney*

Date: **APR 13 2001**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT