



LISA HOEHNE, CLERK RECORDER

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

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 8<sup>th</sup> day of October, 1993, Official Records of Eureka County, Nevada, covering the following described property.

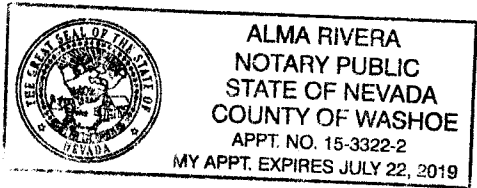
Lot 3, Block 16 Crescent Valley Rand & Farms, Unit I as recorded.

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.



  
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			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
	1. Ronald Lyle COPELAND			2. April 7, 2001		3a. Washoe	
DECEASED	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX
	3b. Reno		3c. St. Mary's Regional Medical Center		3a. Inpatient		4. Male
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)
	5. White		6.		7a. 71		8. April 4, 1930
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)
	9a. Washington		9b. U.S.A.		10. 16		11. Married
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
		14a. Electrical Engineer		14b. Rocket fuel			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada		15b. Eureka	15c. Crescent Valley		15d. 4061 Eureka Avenue		15e. Yes
PARENTS	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			
	16. Lyle S. Copeland			17. Martha Edoff			
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
18a. Sharon Copeland			18b. P.O. Box 211048, Crescent Valley, Nevada 89821-1048				
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
	19a. Cremation		19b. Sierra Crematory		19c. Reno, Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. Jimmy Benson		20b. 9		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)			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)			
	DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)			
21b. 4/10/01			21c. 1500				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. PRONOUNCED DEAD (Mo., Day, Yr.)				
21d.			22c. PRONOUNCED DEAD (Hour)				
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			LICENSE NUMBER				
23a. STEVEN A. SCHIFF MD. 236 W. SIXTH ST #400 RENO NV			23b. 89503				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
	24a. (Signature) Sandy Antunex		24b. April 11, 2001		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).)						Interval between onset and death
	PART I (a) Esophageal Ca						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
PART II (b) 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)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
28a.		28b.	28c.	28d.			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE			
28e.		28f.		28g.			

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 Antunex

Date: APR 13 2001

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT