

APN: 002-033-30

Recording Requested By:

Name: Dennis L. Frey

Address: 277 2<sup>nd</sup> Street

City, State, Zip: Crescent Valley, NV 89821

Send Tax Statement To:

Name: Dennis L. Frey

Address: 277 2<sup>nd</sup> Street

City, State, Zip: Crescent Valley, NV 89821

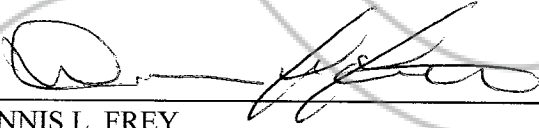
Affidavit Terminating Joint Tenancy  
(Title of Document)

**Please complete the cover page, check one of the following and sign below.**

I the undersigned hereby affirm that this document submitted for recording does not contain a social security number.

OR

I the undersigned hereby affirm that this document submitted for recording contains a social security number of a person as required by law:  
440.380.1a; 111.721

  
DENNIS L. FREY

Owner  
Title

APN: 002-033-30

When Recorded Return To:  
Send Tax Statements To:

Dennis L. Frey  
277 2<sup>nd</sup> Street  
Crescent Valley, NV 89821

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA        )  
                                      : ss.  
COUNTY OF ELKO        )

DENNIS L. FREY, being first duly sworn, deposes and says:

That Affiant is the surviving spouse of the Grantee in that certain Grant, Bargain and Sale Deed dated September 5, 2005, wherein ROBERT O. HEIL and BEVERLY R. HEIL, husband and wife, as Co-Trustees of the Robert O. Heil Family Revocable Living Trust dated November 18, 1991; granted to DENNIS L. FREY and SHIRLEY M. FREY, husband and wife as joint tenants with right of survivorship; conveying those certain lots, pieces or parcels of land situate in the County of Eureka, State of Nevada, more particularly described as follows:

Lot 7, Block 13 CRESCENT VALLEY RANCH & FARMS UNIT #1

TOGETHER WITH any and all buildings and improvements situate thereon.

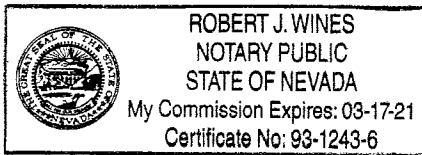
TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.


SUBJECT TO all conditions, covenants, easements, exceptions, reservations, restrictions, and rights of way of record.

That said Deed was recorded on April 11, 2011, as Document No. 0216927, Official Records, Eureka County Nevada Recorder's Office.

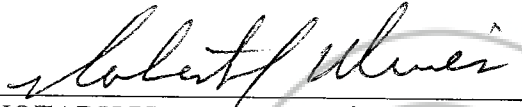
That said SHIRLEY M. FREY, one of the parties named in the aforesaid Deed, died in the City of Elko, County of Elko, State of Nevada, on September 7, 2018, and is the identical person named as SHIRLEY MAE FREY in that Certificate of Death, duly certified, attached hereto; that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

FURTHER AFFIANT SAITH NOT.



  
DENNIS L. FREY

SUBSCRIBED AND SWORN TO  
before me, by DENNIS L. FREY  
this 17<sup>th</sup> day of July, 2018.9

  
NOTARY PUBLIC  
Commission Expires 3/17/21

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4039639

**CERTIFICATE OF DEATH**

2018017330

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Shirley Mae FREY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 07, 2018</b>		3a. COUNTY OF DEATH <b>Elko</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Elko</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and inpatient)(Specify) <b>Highland Manor of Elko Nursing Home</b>		4. SEX <b>Female</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>70</b>	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) <b>May 03, 1948</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>Wisconsin</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Dennis FREY</b>	
13. SOCIAL SECURITY NUMBER <b>000 00 7000</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</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>277 Second Street</b>	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Lester GILBERT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mildred JOHNSON</b>		
18a. INFORMANT- NAME (Type or Print) <b>Dennis FREY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>277 Second 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> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD298</b>	20c. NAME AND ADDRESS OF FACILITY <b>Burnis Funeral Home</b> <b>PO BOX 689 Elko NV 89803</b>		
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>FELIX DE GUZMAN MD</b> SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>September 10, 2018</b>		21c. HOUR OF DEATH <b>17:40</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Felix De Guzman MD 2850 Ruby Vista Drive Elko, NV 89801</b>				23b. LICENSE NUMBER <b>10392</b>	
24a. REGISTRAR (Signature) <b>BREECE D FLORES</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 10, 2018</b>		24c. 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>Metastatic Lung Cancer</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Unknown Etiology</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED		
28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE

STATE REGISTRAR

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

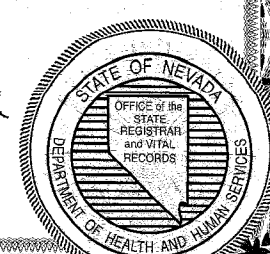
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**SEP 12 2018**

*Julie Katcheva*  
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE