

**Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)**

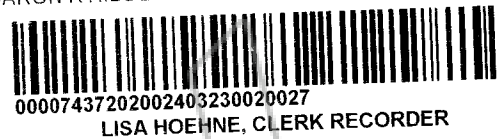
ASSESSOR'S PARCEL NO. (APN#): 2-027-26

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Sharon K Riddle
Address: 157 1st Street
City/State/Zip: Crescent Valley, NV 89821

EUREKA COUNTY, NV
LAND-TJT
Rec:\$37.00
Total:\$37.00
SHARON K RIDDLE

2020-240323
03/16/2020 03:24 PM
Pgs=2



I, Sharon K Riddle, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That Robert Garn Riddle, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Robert Riddle
(Deceased Name as shown on Deed)

named as one of the parties in that certain Joint Tenancy Deed
(Type of Document)

dated on the 21st day of July, 2018, and executed by
Robert Riddle, known as "Grantor(s)" to Robert Riddle + Sharon Riddle,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 2018-235128, on the
25th day of July, 2018, in book _____, of Official Records of
Eureka County, Nevada, covering the following described property situated in the City of
Eureka County of Eureka, State of Nevada.
(Set forth legal description and commonly known street address, if known)

APN # 002-027-26 Subdivision: District 2 Block 2
Legal: 157 1st Street, Crescent Valley, NV
CVR & F Unit 1 Lot 12 Block 2

That value of all real property owned by decedent at date of death, including the full value of the property above described, did
not exceed the sum of \$ 100,000.00

In witness Whereof, I/We have hereunto set my hand/our hands this 5th day of March, 20 20

Sharon K Riddle
(Signature)
SHARON K. RIDDLE
(Print or type name here)

(Signature)
(Print or type name here)

STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on (date) MARCH 5, 2020

By (person(s) appearing before notary public) Sharon K. Riddle

Robert J. Wines
(Notary Public)
My Commission expires: 3/19/21



ROBERT J. WINES
NOTARY PUBLIC
STATE OF NEVADA

My Commission Expires: 03-17-21
Certificate No: 93-1243-6

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

CASE FILE NO. 4122719

CERTIFICATE OF DEATH

2020000253

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) Robert Garn		2. DATE OF DEATH (Mo/Day/Year) January 05, 2020		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Crescent Valley		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 157 First Street		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - Mexican		7a. AGE-Last birthday (Years) 73	
		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS	
		7d. UNDER 1 HOUR HOURS		7e. UNDER 1 MIN MIN	
				8. DATE OF BIRTH (Mo/Day/Yr) October 29, 1946	
9a. STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sharon Kay CAMPBELL			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Security Guard		14b. KIND OF BUSINESS OR INDUSTRY MINING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley	
15d. STREET AND NUMBER 157 First Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Garn RIDDLE		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bernice Olgun GUNTER			
18a. INFORMANT - NAME (Type or Print) Sharon Kay RIDDLE		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 157 First Street Crescent Valley, Nevada 89821			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION: City or Town State Elko Nevada 89803	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
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) [Signature]		21b. DATE SIGNED (Mo/Day/Yr) January 09, 2020		21c. HOUR OF DEATH 07:30	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [Signature]		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) JESSE J WATTS SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) January 09, 2020	
		22c. HOUR OF DEATH 07:30		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 05, 2020	
		22e. PRONOUNCED DEAD AT (Hour) 07:30			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sheriff Jesse J Watts PO Box 736 Eureka, NV 89316		23b. LICENSE NUMBER [REDACTED]			
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 10, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE PART I (a) Pending (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Pending		Interval between onset and death [REDACTED]	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) PENDING INVEST.		28b. DATE OF INJURY (Mo/Day/Yr) [REDACTED]		28c. HOUR OF INJURY [REDACTED]	
28d. DESCRIBE HOW INJURY OCCURRED [REDACTED]		28e. INJURY AT WORK (Specify Yes or No) [REDACTED]		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) [REDACTED]	
28g. LOCATION STREET OR R.F.D. No.		28h. CITY OR TOWN [REDACTED]		28i. STATE Nevada	



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:

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

