

APN No.: 005-240-11  
Escrow No.: 21-163576

**MAIL TAX STATEMENT TO AND  
WHEN RECORDED RETURN TO:**

Kimberly Phillips  
249 N 43rd Pl  
Ridgefield WA 98642

EUREKA COUNTY, NV **2021-244693**  
Rec:\$37.00  
\$37.00 Pgs=3 04/20/2021 02:18 PM  
WFG NATIONAL TITLE COMPANY OF NEVADA  
LISA HOEHNE, CLERK RECORDER

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF WA  
COUNTY OF Clark } ss

Kimberly Phillips, who acquired title as Kimberly Leaf of legal age, being duly sworn, deposes and says  
Kathleen Marie Peterson

That Deceased the decedent mentioned in the attached certified copy of the Certificate of Death, is the  
same person as name on title named as one of the parties in that certain type of document dated June 7,  
2016 executed by Geraldine Leaf to Kathleen Peterson, William Leaf and Kimberly Leaf as joint tenants,  
recorded April 8, 1996 in/as 161767, Official Records of **xxx** County, NEVADA, covering the following  
described property.  
**Eureka**

See Attached Exhibit "A"

Dated this 15<sup>th</sup> day of April, 2021

  
Kimberly Phillips

STATE OF WA  
COUNTY OF Clark } ss:

This instrument was acknowledged before me on this 15<sup>th</sup> day of April, 2021  
by Kimberly Phillips.

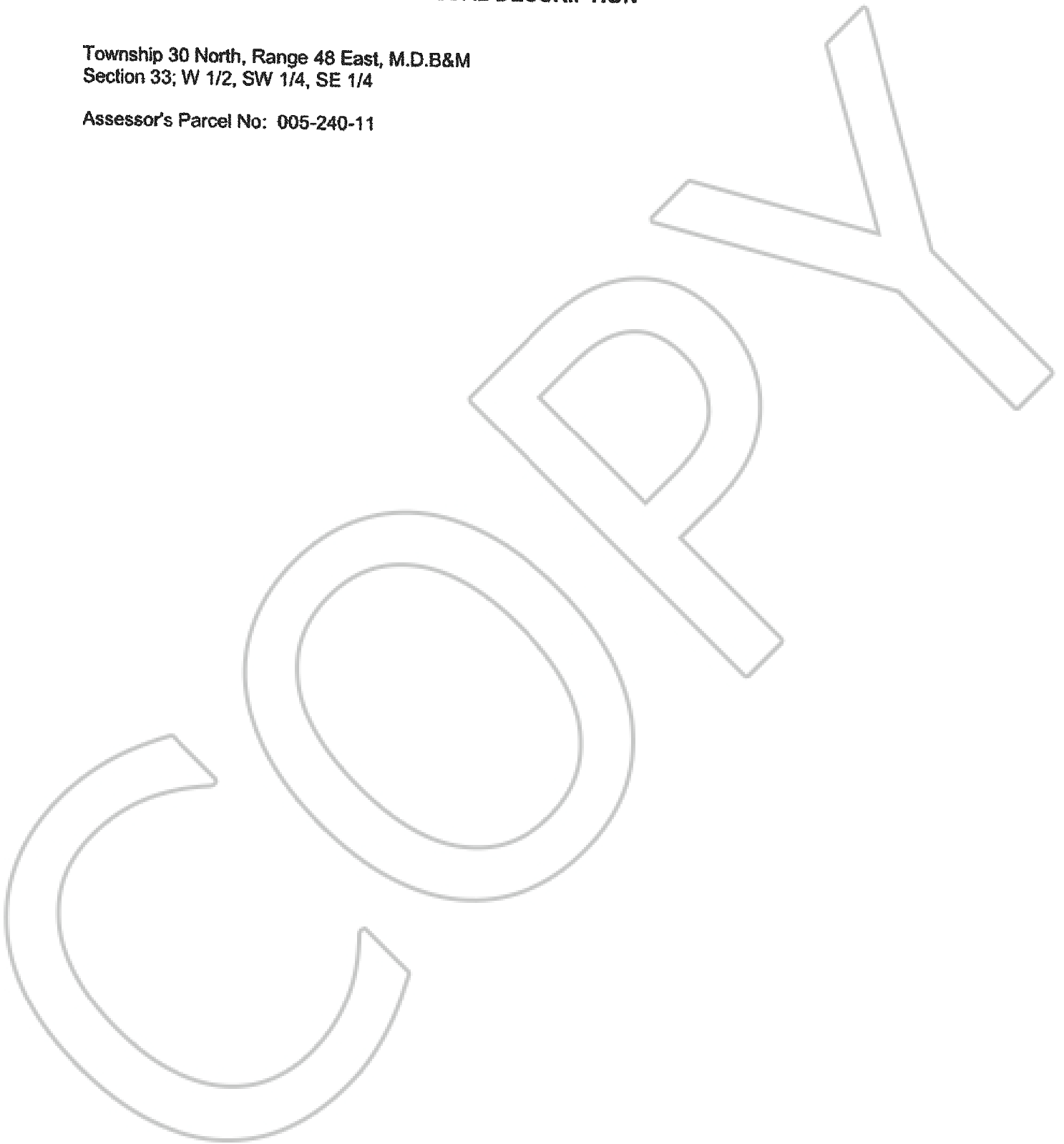
  
Notary Public

**SHAMEEL FAIYAZ**  
NOTARY PUBLIC  
STATE OF WASHINGTON  
License Number 20118522  
My Commission Expires Oct. 29, 2024

**EXHIBIT A  
LEGAL DESCRIPTION**

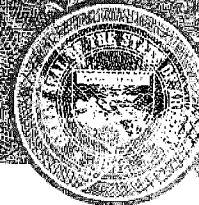
Township 30 North, Range 48 East, M.D.B&M  
Section 33; W 1/2, SW 1/4, SE 1/4

Assessor's Parcel No: 005-240-11



AZ

## CERTIFICATION OF VITAL RECORDS



## STATE OF ARIZONA

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

State File NO. 102- 2016-026078

|  |  |  |   |  |                                  |
|--|--|--|---|--|----------------------------------|
| 1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST)<br><b>KATHLEEN MARIE PETERSON</b>   |  | 2. AKA'S (IF ANY)  |   | 3. DATE OF DEATH<br><b>06/07/2016</b>  |                                  |
| 4. SEX<br><b>FEMALE</b>  | 5. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b> | 6. DATE OF BIRTH<br><b>02/08/1964</b>  | 7. AGE<br><b>52</b>   | 8. UNDER 1 YEAR<br>8. MONTHS 9. DAYS 10. HOURS 11. MINUTES   |                                  |
| 12. PLACE OF DEATH - HOSPITAL:<br><input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL   |  | 13. PLACE OF DEATH - OTHER THAN HOSPITAL:<br><input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER   |   |  |                                  |
| 14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY):<br><b>7438 E IVY ST</b>   |  | 15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH:<br><b>MESA 85207</b>   |   | 16. COUNTY OF DEATH:<br><b>MARICOPA</b>  |                                  |
| 17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)<br><b>REDONDO BEACH, CALIFORNIA</b>   |  | 18. MARITAL STATUS AT TIME OF DEATH:<br><b>MARRIED</b>   |   | 19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)<br><b>JEFFREY J PETERSON</b>  |                                  |
| 20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS:<br><b>7438 E IVY ST</b>   |  | 21. CITY AND COUNTY:<br><b>MESA, MARICOPA</b>  |   | 22. STATE<br><b>ARIZONA</b>  | 23. ZIP CODE<br><b>85207</b>     |
| 25. WAS DECEDENT OF HISPANIC ORIGIN?<br><input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO<br><input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO<br><input type="checkbox"/> YES, PUERTO RICAN<br><input type="checkbox"/> YES, CUBAN<br><input type="checkbox"/> YES, OTHER (SPECIFY)<br><input type="checkbox"/> UNKNOWN  |  | 26. DECEDENT'S RACE(S):<br><input checked="" type="checkbox"/> WHITE<br><input type="checkbox"/> BLACK, AFRICAN AMERICAN<br><input type="checkbox"/> NATIVE HAWAIIAN<br><input type="checkbox"/> ASIAN INDIAN<br><input type="checkbox"/> CHINESE<br><input type="checkbox"/> FILIPINO<br><input type="checkbox"/> JAPANESE<br><input type="checkbox"/> GUAMANIAN OR CHAMORRO<br><input type="checkbox"/> KOREAN<br><input type="checkbox"/> VIETNAMESE<br><input type="checkbox"/> SAMOAN<br><input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE<br><input type="checkbox"/> OTHER ASIAN (SPECIFY)<br><input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY)<br><input type="checkbox"/> OTHER (SPECIFY)<br><input type="checkbox"/> UNKNOWN |   | 27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE:<br>ADDITIONAL TRIBE:<br>ADDITIONAL TRIBE:<br>ADDITIONAL TRIBE: |                                  |
| 28. OCCUPATION:<br><b>HOMEMAKER</b>  |  | 29. FATHER'S NAME (FIRST, MIDDLE, LAST)<br><b>HAROLD LEAF</b>  |   |  |                                  |
| 31. INFORMANT'S NAME<br><b>JEFFREY J PETERSON</b>  |  | 30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE)<br><b>GERALDINE STAPLES</b>   |   |  |                                  |
| 34. NAME AND ADDRESS OF FUNERAL FACILITY:<br><b>MARIPOSA GARDENS MEMORIAL PARK &amp; FUNERAL CARE 400 S. POWER ROAD, MESA, AZ</b>  |  | 32. RELATIONSHIP<br><b>SPOUSE</b>  |   | 33. INFORMANT'S MAILING ADDRESS:<br><b>7438 E IVY ST, MESA, ARIZONA 85207</b>  |                                  |
| 37. METHOD(S) OF DISPOSITION:<br><b>CREMATION</b>  |  | 38. NAME AND LOCATION OF 1st DISPOSITION FACILITY:<br><b>MELCHER'S MISSION CREMATORY, MESA, ARIZONA</b>  |   | 35. FUNERAL DIRECTOR:<br><b>MARGARET S GONZALEZ, FUNERAL DIRECTOR</b>  |                                  |
|  |  |  |   | 36. LICENSE NUMBER:<br><b>F1104</b>  |                                  |
|  |  | 39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY:<br><b>NONE</b>  |   |  |                                  |
| MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I  |  |  |   |  |                                  |
| IMMEDIATE CAUSE OF DEATH<br>40. A  | 41. APPROXIMATE INTERVAL:<br><b>YEARS</b>      |  |   |  |                                  |
| DUE TO OR AS A CONSEQUENCE OF:<br>42. B  | 43. APPROXIMATE INTERVAL:                      |  |   |  |                                  |
| DUE TO OR AS A CONSEQUENCE OF:<br>44. C  | 45. APPROXIMATE INTERVAL:                      |  |   |  |                                  |
| DUE TO OR AS A CONSEQUENCE OF:<br>46. D  | 47. APPROXIMATE INTERVAL:                      |  |   |  |                                  |
| CAUSE OF DEATH PART II   |  |  |   |  |                                  |
| 48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:   |  | 49. INJURY?<br><b>NO</b>   | 50. INJURY AT WORK?<br><b>NO</b>  | 51. MANNER OF DEATH<br><b>NATURAL DEATH</b>  | 52. TIME OF DEATH<br><b>0518</b> |
|  |  | 53. WAS AN AUTOPSY PERFORMED?<br><b>YES</b>  | 54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?<br><b>YES</b> |  |                                  |
| CAUSE AND MANNER OF DEATH CERTIFICATION  |  |  |   |  |                                  |
| <input type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.<br><input checked="" type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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. |  | 55. NAME OF PERSON COMPLETING CAUSE OF DEATH:<br><b>MARK EDWARD SHELLY, D.O.</b>   |   | 56. DATE CERTIFIED:<br><b>06/10/2016</b>   |                                  |
| 57. CERTIFIER'S ADDRESS:<br><b>701 W JEFFERSON ST PHOENIX, AZ 85007</b>  |  | 58. NAME OF REGISTRAR:<br><b>MICHELE CASTANEDA-MARTINEZ</b>  |   | 59. DATE REGISTERED:<br><b>06/15/2016</b>  |                                  |

DATE ISSUED: 08/22/2016

H 0560650

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS,  
ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA  
Revised 07/2015

This copy not valid unless prepared on a form displaying the State Seal.

*Krystal Colburn*  
**KRYSTAL COLBURN**  
ASSISTANT STATE REGISTRAR