

EUREKA COUNTY, NV

2021-247485

Rec:\$37.00

\$37.00

Pgs=3

11/22/2021 10:29 AM

RELAND PROPERTIES LLC

LISA HOEHNE, CLERK RECORDER

Affidavit of Survivorship

State of ~~Nevada~~ *Florida*

County of ~~Eureka~~ *Lee*

I, Susan R. Galatz (f.n.a. Susan R. Sweet), residing at 6810 Staley Farms Rd, Fort Myers, Florida 33905-6926, being of legal age, depose and say that:

1. On August, 28, 1997, by Joint Tenancy Deed recorded in Book 312, Page 314, of the EUREKA County records as document number 168446 ('the Deed') [and thereafter by Corrective Joint Tenancy Deed recorded in Book 315, Page 310, of the EUREKA County records as document number 168866 ('the Deed')], the Affiant and James J. Sweet become owners of the following legally described property:

Lot 4, Block 15, CRESCENT VALLEY RANCH AND FARMS, UNIT NO.3
SUBDIVISION, according to the official map thereof filed in the office of the County Recorder of Eureka County, 11/05/59, File 34551.

2. Affiant and James J. Sweet own the property in joint tenancy with right of survivorship.

3. On August 05, 1998, James J. Sweet, died, thereby terminating James J. Sweet interest in the above-described real property. A certified copy of the death certificate of James J. Sweet is attached hereto as Exhibit A.

Grantor Signatures:

DATED: 11/12/21

Grantor Signature:

Susan R Galatz (Sweet)

Susan R. Galatz, F.N.A. Susan R. Sweet
6810 Staley Farms R
Fort Meyers, FL 33905-6926

STATE OF Fla., COUNTY OF LEE

On this 12th day of November, 2021, before me,
Susan Roberto Galatz, personally appeared, known to me (or satisfactorily proven)
to be the persons whose names are subscribed to the within instrument and acknowledged that
they executed the same as for the purposes therein contained. F.P. DRIVE WORK

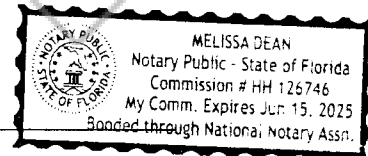
In witness whereof I hereunto set my hand and
official seal.

Melissa M Dean

Notary Public
Signature of person taking
acknowledgment

MELISSA DEAN

My commission expires _____



CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES: OFFICE OF VITAL RECORDS
ORIGINAL STATE COPY CERTIFICATE OF DEATH

DEATH NO.
D 102-

NAME OF DECEASED A. FIRST JAMES		B. MIDDLE J.		C. LAST SWEET		SEX MALE	DATE OF DEATH AUGUST 5, 1998
RACE (e.g., white, black, American Indian, Spanish, etc.) SPECIFY 4A. WHITE		WAS DECEASED OF HISPANIC ORIGIN? (SPECIFY YES OR NO) 4B. NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 5. YES		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 6. YES	
PLACE OF DEATH A. COUNTY PIMA		B. TOWN OR CITY TUCSON		C. HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		<input type="checkbox"/> DCA <input type="checkbox"/> OP-EMER <input checked="" type="checkbox"/> IN-PATIENT	
DATE OF BIRTH MONTH DAY YEAR MAY 14, 1939		AGE YEARS 59		IF UNDER 1 YEAR MONTHS DAYS HRS MIN		MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) MARRIED SUSAN NINTZER	
STATE AND CITY OF BIRTH (If not in USA, name country) NEW YORK, BRONX		CITIZEN OF WHAT COUNTRY? 12. USA		SOCIAL SECURITY NO. [REDACTED] 2295		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. MAILER	
USUAL RESIDENCE A. STATE ARIZONA		B. COUNTY PIMA		C. TOWN OR CITY TUCSON		D. ZIP CODE 85741	
STREET ADDRESS OR R.F.D. 15. 9851 EASTERN FORK TRAIL		INSIDE CITY LIMITS? (SPECIFY YES OR NO) 15F. NO		ON RESERVATION? (SPECIFY YES OR NO) 15G. NO		PREVIOUS STATE OF RESIDENCE 16. NEW YORK	
FATHER'S NAME A. FIRST DANIEL		B. MIDDLE SWEET		C. LAST SWEET		MOTHER'S MAIDEN NAME A. FIRST EVELYN	
INFORMANT'S SIGNATURE m. m. m. m.		RELATIONSHIP TO DECEASED 21. SUSAN SWEET		ADDRESS 23. 9851 EASTERN FORK TRAIL, TUCSON, AZ		CITY AND STATE TUCSON, AZ	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. REM/BURIAL		DATE AUGUST 10, 1998		CEMETERY OR CREMATORY - NAME/LOCATION 26. CALVERTON NATIONAL CEMETERY		EMBALMER'S SIGNATURE B. 545	
FUNERAL HOME NAME 28. WOLFREY PEACE CHAPEL, 5225 E. SPEEDWAY, TUCSON, AZ		STREET ADDRESS 5225 E. SPEEDWAY		CITY AND STATE TUCSON, AZ		FUNERAL DIRECTOR or person making burial (SIGNATURE) 29. [Signature] CERT. NO. 474	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 30. SIGNATURE [Signature] 31. DATE SIGNED (Mo., Day, Year) 8/6/98 32. HOUR OF DEATH 1415 33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)				ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 34. SIGNATURE [Signature] 35. DATE SIGNED (Mo., Day, Year) [Blank] 36. HOUR OF DEATH [Blank] 37. PRONOUNCED DEAD (Mo., Day, Year) ON 38. AT [Blank]			
NAME AND ADDRESS OF PHYSICIAN, MEDICAL EXAMINER OR LEGAL LAW ENFORCEMENT AUTHORITY 39. [Signature] 40. [Signature] 41. [Signature]				MEDICAL EXAMINER'S SIGNATURE 42. [Signature]			
DATE REGISTERED AUG. 10, 1998		REG. FILE NO. 4828		REG. DISTRICT 1004		DATE REC'D IN STATE OFFICE [Blank]	
47. SEQUENTIAL LIST OF CONDITIONS, IF ANY, LEADING TO IMMEDIATE UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) A. IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Respiratory Failure B. DUE TO OR AS A CONSEQUENCE OF Renal Failure C. DUE TO OR AS A CONSEQUENCE OF		48. AUTOPSY (Specify Yes or No) NO		49. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) NO		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
50. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO DAY YR [Blank] [Blank] [Blank]		INJURY AT WORK? (Specify Yes or No) 54. NO		DESCRIBE HOW INJURY OCCURRED 55. [Blank]	
51. SUPPLEMENTARY ENTRIES 58. [Blank]		PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 56. [Blank]		WHERE LOCATED? 57. [Blank]		STREET ADDRESS CITY OR TOWN STATE	

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA
COUNTY OF PIMA

DATE ISSUED

August 25, 1998

This is a true and exact reproduction of the document officially registered and to be placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Issued under the authority of A.R.S. 36-341, and by direction of

DENNIS W. DOUGLAS
County Registrar
Pima County Health Department

653307

This copy not valid unless prepared by engraved border displaying county seal in color and impressed with raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE