

APN 002-024-04

EUREKA COUNTY, NV
LAND-TJT
Rec:\$37.00
Total:\$37.00
DEVIN BARTON

2022-247751
01/19/2022 10:50 AM
Pgs=3

Mail Tax Statements to:
Judy J. Costa
P.O. Box 211199
Crescent Valley, NV 89821

When Recorded Mail to:
Devin Barton
7057 Cortez Way
Crescent Valley, NV 89821



AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 :ss.
COUNTY OF EUREKA)

JUDY J. COSTA, being duly sworn according to law and under penalty of perjury, deposes and says:

1. That JUDY J. COSTA was the surviving joint tenant in and to the property hereinafter described.

2. That ROBERT J. COSTA and JUDY J. COSTA purchased the following described property APN 002-024-04 as joint tenants with right of survivorship, by that certain, GRANT, BARGAIN, SALE DEED recorded June 21, 2012, as Document No. 0220656, in the records of the Eureka County Recorder, Eureka County, Nevada, said property being more particularly described as follows:

Parcel 3, as shown on the Parcel Map for Betty Krambs, on file in the Office of the Eureka County Recorder, Eureka, Nevada, on November 20th, 2001, as File No. 177225, located in Section 5, Township 29 North, Range 48 East, M.D.B.&M., Town of Crescent Valley, Nevada.

3. That ROBERT J. COSTA, also known as ROBERT JAMES COSTA, being one of the persons described in the foregoing described deed as grantee and joint tenant, died in Eureka County, Crescent Valley, Nevada, on March 6, 2016, a certified copy of the Death Certificate of said Decedent is attached to this Affidavit and made a part hereof.

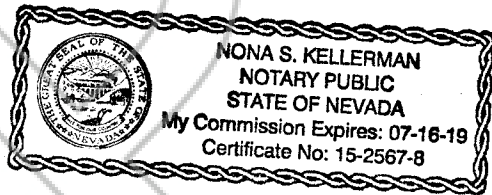
4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said ROBERT J. COSTA, in and to the foregoing described property, and vesting title thereto solely to JUDY J. COSTA, the surviving joint tenant.

Judy J Costa
JUDY J. COSTA

STATE OF NEVADA)
 :SS.
COUNTY OF EUREKA)

On the 5 day of OCTOBER, 2018, personally appeared before me, a Notary Public, JUDY J. COSTA, personally known to me or proven to me to be the person whose name is subscribed to the above instrument and who acknowledge that she executed said instrument.

Nona S. Kellerman
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3882484

CERTIFICATE OF DEATH

2016005029

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 James COSTA | | 2. DATE OF DEATH (Mo/Day/Year) March 06, 2016 | | 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 address) 657 6th Street | | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home | |
| 4. SEX Male | | 5. RACE White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 72 | | 7b. UNDER 1 YEAR MOS | | 7c. UNDER 1 DAY DAYS | |
| 7d. UNDER 1 YEAR HOURS | | 7e. UNDER 1 DAY MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) March 25, 1943 | |
| 9a. STATE OF BIRTH (if not US/CA, name country) California | | 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) Judy HENRY | | 13. SOCIAL SECURITY NUMBER [REDACTED] | |
| 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Maintenance Worker | | 14b. KIND OF BUSINESS OR INDUSTRY Mining | | Ever in US Armed Forces? No | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Eureka | | 15c. CITY, TOWN OR LOCATION Crescent Valley | |
| 15d. STREET AND NUMBER 657 6th Street | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph COSTA | |
| 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Benita MCDONALD | | 18a. INFORMANT - NAME (Type or Print) Judy COSTA | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 657 6th 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 | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 298 | | 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] | | | 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) KEITH LOGAN | | |
| 21b. DATE SIGNED (Mo/Day/Yr) March 22, 2016 | | 21c. HOUR OF DEATH 21:58 | | 22b. DATE SIGNED (Mo/Day/Yr) March 22, 2016 | |
| 22c. HOUR OF DEATH 21:58 | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) March 06, 2016 | | 22e. PRONOUNCED DEAD AT (Hour) 21:59 | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sheriff Keith Logan P.O. Box 531 Eureka, NV 89316 | | | | 23b. LICENSE NUMBER | |
| 24a. REGISTRAR (Signature) VERALYNN A BOYACK | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 23, 2016 | | 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 | | | | Interval between onset and death | |
| (a) Respiratory Arrest | | | | Immediate | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (b) Chronic Obstructive Pulmonary Disorder | | | | Immediate | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (c) [REDACTED] | | | | [REDACTED] | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (d) [REDACTED] | | | | [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) No | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | 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 | | 28h. 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:

3/23/2016

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

STATE REGISTRAR
Cody P. [Signature]
SIGNATURE AUTHENTICATED

