

APN 002-024-04

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

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

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



00015347202202477510030039

LISA HOEHNE, CLERK RECORDER

### 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 20<sup>th</sup>, 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

)

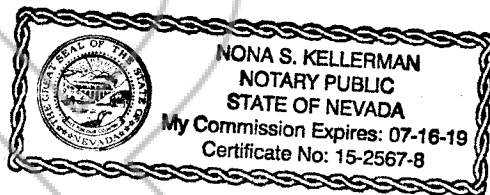
:SS.

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  
DEATHCONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

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

## 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  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

