

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

ASSESSOR'S PARCEL NO. (APN#): 109 303

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: _____

Address: _____

City/State/Zip: _____

EUREKA COUNTY, NV
LAND-TJT
Rec:\$37.00
Total:\$37.00
DENNIS BUNDY

2022-247764
01/24/2022 03:22 PM
Pgs=2



00015363202202477640020024

LISA HOEHNE, CLERK RECORDER

I, Dennis Bundy, the Affiant, being of legal age, and being first duly sworn,
deposes and says: That Teresa Bundy
(Deceased Name as shown on Death Certificate), the decedent mentioned in the

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

named as one of the parties in that certain Grant Bargain & Sale Deed
(Type of Document)

dated on the Oct day of 7, 2004, and executed by
Phyllis R. Larose, known as "Grantor(s)" to Teresa & Dennis Bundy,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 192879, on the
08th day of Oct, 2004, in book 397 pg 5, 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)

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 \$ Taxable Value \$49,469.

In witness Whereof, I/We have hereunto set my hand/our hands this JAN day of 24, 2022

Dennis Bundy
(Signature)
DENNIS R BUNDY
(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) January 24, 2022

By (person(s) appearing before notary public) Dennis Bundy

Diane D. Podborny
(Notary Public)

My Commission expires: Dec. 31, 2024



DIANE D. PODBORNY
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No: 13-10500-8 - Expires December 31, 2024

(Notary Stamp)

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4055089

CERTIFICATE OF DEATH

2018023554

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) Teresa BUNDY		2. DATE OF DEATH (Mo/Day/Year) December 09, 2018		3a. COUNTY OF DEATH Elko	
3b. CITY, TOWN, OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and Northeastern Nevada Regional Hospital (NNRH)		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify): Intensive Care Unit (ICU)	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 66	
9a. STATE OF BIRTH (If not US/CA, name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Dennis BUNDY		4. SEX Female	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Nurses Aide		14b. KIND OF BUSINESS OR INDUSTRY Medical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 71 Edward Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) April 05, 1952	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Loren LEWIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Juanita WILLIAMS		
18a. INFORMANT - NAME (Type or Print) Dennis BUNDY		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) P.O. Box 813 Eureka, Nevada 89319			
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) AASHISH KHULLAR MD 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)			
21b. DATE SIGNED (Mo/Day/Yr) December 11, 2018		21c. HOUR OF DEATH 12:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Aashish Khullar MD 235 W 6th St Reno, NV 89503				23b. LICENSE NUMBER 16582	
24a. REGISTRAR (Signature) BREECE D FLORES SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 12, 2018		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					
(a) Cardiac Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Hypokalemia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Non-Ischemic Cardiomyopathy				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Acute Renal Failure				Interval between onset and death	
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) No	
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:

DEC 20 2018

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

STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

