

RECORDING COVER PAGE

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APN# 003-032-06

(11 digit Assessor's Parcel Number may be obtained at:
<http://redrock.co.clark.nv.us/assrealprop/owner.aspx>)



00015753202202480570040044

LISA HOEHNE, CLERK RECORDER

TITLE OF DOCUMENT
(DO NOT Abbreviate)

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

Document Title on cover page must appear EXACTLY as the first page of the document
to be recorded.

RECORDING REQUESTED BY:

Victoria A. Sargento

RETURN TO: Name VICTORIA A SARGENTO

Address 937 SW 1st Street

City/State/Zip ONTARIO OR 97914

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name Victoria A. Sargento

Address 937 SW 1st Street

City/State/Zip Ontario OR 97914

This page provides additional information required by NRS 111.312 Sections 1-2.

To print this document properly, do not use page scaling.

P:\Common\Forms & Notices\Cover Page Template Oct2017

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

ASSESSOR'S PARCEL NO. (APN#): 003-032-06

RECORDING REQUESTED BY AND MAIL TAX
STATEMENT TO
Victoria A. Sargento
937 SW 1st Street
Ontario OR 97914

I, Victoria A. Miller, aka V.A Miller, now known as Victoria A. Sargento, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Helen Reynolds, aka H.G. Reynolds, the decedent mentioned in the attached certified copy Certificate of Death, is the same person as H.G. Reynolds named as one of the parties in that certain JOINT TENANCY DEED dated on the 13th day of March, 2000, and executed by Johanna K. Kobli, known as "Grantor(s)" to Helen Grace Reynolds and Victoria A. Miller known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 174333, on the 15th day of March, 2000, in book 333, of Official Records of Eureka County, Nevada, covering the following described property situated in the City of Crescent Valley, County of Eureka, State of Nevada.

LOT 7, BLOCK 11, CRESCENT VALLEY RANCH & FARMS UNIT NO. 3

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 ~~\$2,246.00~~ 3246.00 VAS

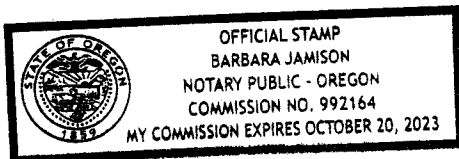
Helen Reynolds, aka H.G. Reynolds, aka Helen Grace Reynolds is the biological mother of Victoria A. Miller, aka V.A Miller, now known as Victoria A. Sargento. Her date of death is August 6, 2009, and place of death was in Ontario, Oregon.

In witness Whereof, I have hereunto set my hand this 4 day of MAY, 2022

Victoria A. Sargento
Victoria A. Sargento
VICTORIA A. SARGENTO
(Print name here)

STATE OF OREGON
COUNTY OF Malheur

This instrument was acknowledged before me on May 4th, 2022 by
Victoria A. Miller, now known as Victoria Sargento.



Barbara Jamison
Notary Public- State of Oregon
My Commission expires: 10/20/2023

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

551773
I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2009-018180
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Helen	Middle	Last Reynolds	Suffix	Death Date August 06, 2009	
	Sex Female	Age 84 years	Social Security Number [REDACTED]		County of Death Malheur			
	Birthdate December 05, 1924		Birthplace Riverside, California			Was Decedent Ever in U.S. Armed Forces? No		
	Residence 937 SW 1st Street				City/Town Ontario			
	Residence County Malheur		State or Foreign Country Oregon		Zip Code + 4 97914		Inside City Limits? Yes	
	Marital Status at Time of Death Divorced		Spouse's Name Prior to First Marriage					
	Father's Name Emmitt McCoy				Mother's Name Prior to First Marriage Louella Jones			
	Informant's Name Victoria Miller		Telephone Number Not Available	Relationship to Decedent Daughter		Mailing Address 937 SW 1st Street, Ontario, OR 97914		
	Place of Death Hospital-Inpatient		Facility Name Holy Rosary Medical Center					
	Location of Death 351 SW 9th Street			City/Town or Location of Death Ontario		State Oregon	Zip Code + 4 97914	
Method of Disposition Cremation		Place of Disposition Haren-Wood Crematory			Location (City/Town and State) Ontario, Oregon			
Name and Complete Address of Funeral Facility Haren-Wood Funeral Chapel 2543 SW 4th Ave, Ontario, Oregon 97914								
Date of Disposition August 06, 2009		Funeral Director's Signature /s/ Alan R. Egbert			OR License Number CO-3838			
Registrar's Signature /s/ Peggy Winslow		Date Received August 06, 2009		Local File Number 09-163				
Amendment								

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?		Time of Death 0745		
	CAUSE OF DEATH				Approximate Interval: Onset to Death		
	IMMEDIATE CAUSE ↓				Immediate		
	a. Cardiac Arrest						
	Due to (or as a consequence of) ↓						
	b.						
	Due to (or as a consequence of) ↓						
	c.						
	Due to (or as a consequence of) ↓						
	d.						
Other significant conditions contributing to death							
Manner of Death Natural		If Female		Did tobacco use contribute to death? Unknown			
Date of Injury	Time of Injury	Place of Injury		Injury at Work?			
Location of Injury							
Describe how injury occurred				If transportation injury, specify.			
Name and Address of Certifier John Lawrence Stoune 1050 SW 3rd, Ontario, Oregon 97914							
Name and Title of Attending Physician If Other than Certifier					Date Signed August 06, 2009		
Medical Certifier /s/ John Lawrence Stoune				Title of Certifier M.D.		License Number MD17616	
Amendment							

45-2CC (01/06)

20170812107

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: **August 11, 2017**

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 003-032-06
 b) _____
 c) _____
 d) _____

2. Type of Property:
 a) Vacant Land b) Single Fam. Res.
 c) Condo/Twnhse d) 2-4 Plex
 e) Apt. Bldg f) Comm'l/Ind'l
 g) Agricultural h) Mobile Home
 Other _____

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. Total Value/Sales Price of Property \$ 3,246.00
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ _____

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 4
 b. Explain Reason for Exemption: HELEN G. REYNOLDS DEATH CERTIFICATE ATTACHED - TERMINATION OF JOINT TENANCY TO V.A. MILLER AKA VICTORIA A SARGENTO
 5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Victoria A. Sargento Capacity owner
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: VICTORIA A SARGENTO
 Address: 937 S W 1st STREET
 City: ONTARIO
 State: OR Zip: 97914

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print Name: VICTORIA A SARGENTO
 Address: 937 SW 1st STREET
 City: ONTARIO
 State: OR Zip: 97914

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____