

**RECORDING COVER PAGE**

(Must be typed or printed clearly in BLACK ink only  
and avoid printing in the 1" margins of document)

**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 1<sup>st</sup> 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

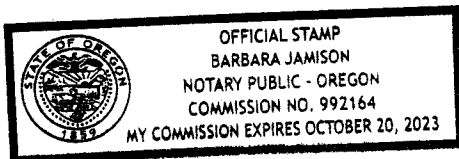
Helen Reynolds, aka H.G. Reynolds, aka Helen Grace Reynolds is the biological mother of Victoria A. Miller, aka V.A Miller, now known as Victoria A. Sargento. Her date of death is August 6, 2009, and place of death was in Ontario, Oregon.

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

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? <b>No</b>	Autopsy? <b>No</b>	Were autopsy findings available to complete the cause of death?		Time of Death <b>0745</b>	
	<b>CAUSE OF DEATH</b>				Approximate Interval: Onset to Death	
	<b>IMMEDIATE CAUSE ↓</b>				<b>Immediate</b>	
	a. <b>Cardiac Arrest</b>					
	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 <b>Natural</b>		If Female		Did tobacco use contribute to death? <b>Unknown</b>	
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 <b>John Lawrence Stoune 1050 SW 3rd, Ontario, Oregon 97914</b>						
Name and Title of Attending Physician If Other than Certifier				Date Signed <b>August 06, 2009</b>		
Medical Certifier <i>/s/ John Lawrence Stoune</i>		Title of Certifier <b>M.D.</b>		License Number <b>MD17616</b>		
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: \_\_\_\_\_