

A.P.N. No.:	001-142-01
File No.:	1713836
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	
Patricia Miller	
1209 Dome Peak Circle	
Mesquite, NV 89034	

EUREKA COUNTY, NV		2022-248296
Rec:\$37.00		
\$37.00	Pgs=3	06/30/2022 01:56 PM
STEWART TITLE ELKO		
KATHERINE J. BOWLING, CLERK RECORDER		

AFFIDAVIT - DEATH OF JOINT TENANT

State of NEVADA)
) ss
County of CLARK)

Patricia Miller , of legal age, being first duly sworn, deposes and says: That Eleanor Miller , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Eleanor Miller named as one of the parties in that certain Grant, Bargain, Sale Deed dated August 3,1991 executed by W.E. Vining and Gladys Vining, husband and wife to Patricia Miller, unmarried woman and John ~~X~~ Miller and Eleanor Miller husband and wife as joint tenants with righ tof survivorship, recorded as Document No. 137706, on September 3,1991 in Book 225, Page 187 of Official Records of Eureka CountyNevada, covering the following described property situated in Eureka County, State of Nevada.

Lot 9, Block B of Ruby Hill Estates Subdivlsion, according to the official map thereof, filed in the Office of the County Recorder of Eureka County, State of Nevada. as File Number 98941.

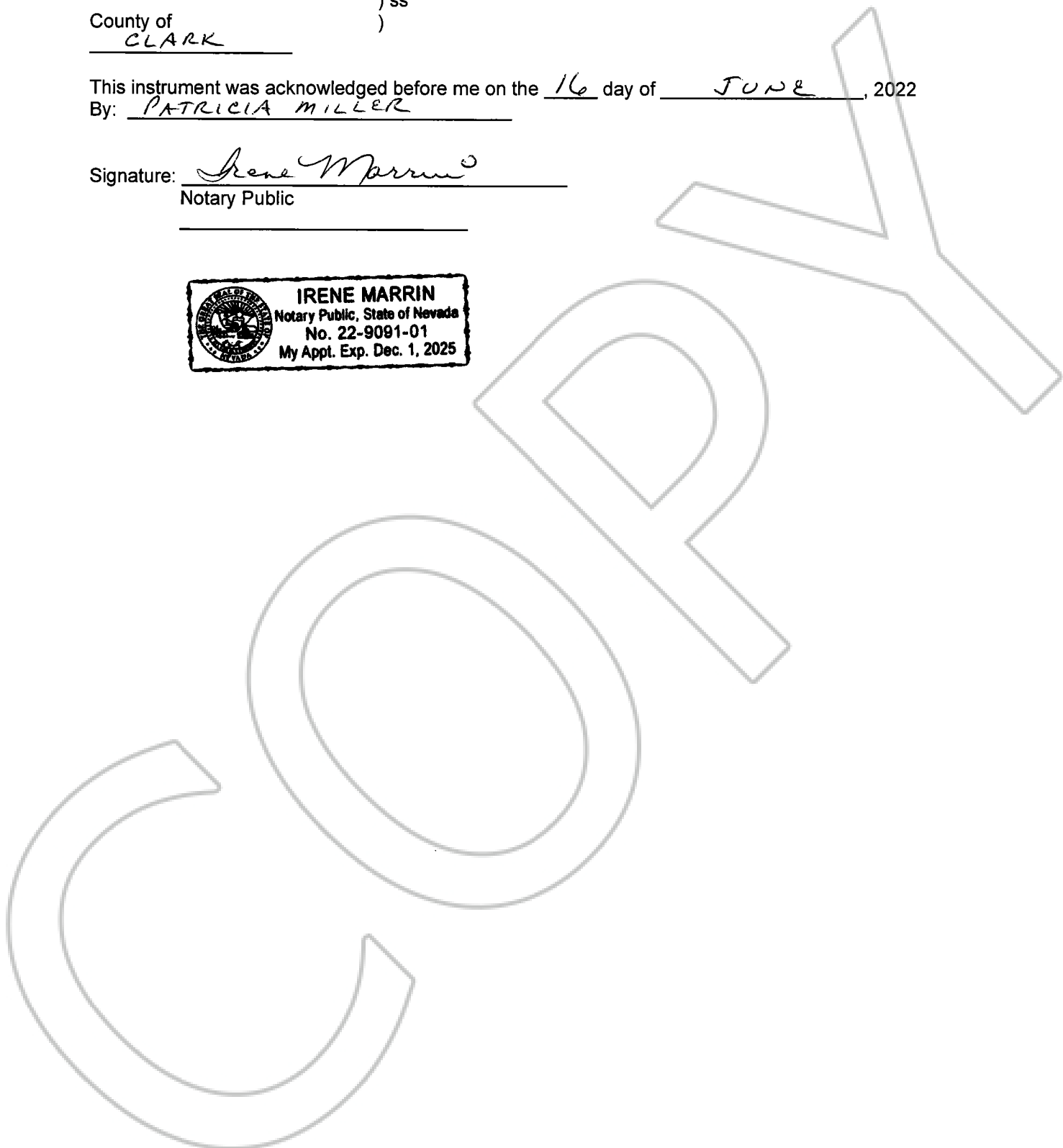
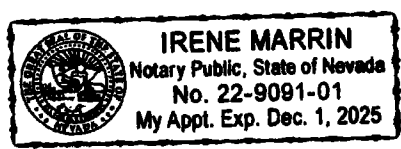
Dated: 6-16, 2022.

Patricia Miller
Patricia Miller

State of NEVADA)
) ss
County of)
CLARK)

This instrument was acknowledged before me on the 16 day of JUNE, 2022
By: PATRICIA MILLER

Signature: Irene Marrin
Notary Public



**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
CERTIFIED COPY OF DEATH CERTIFICATE**

Local File Number		1374				Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix						2. Death Date					
Eleanor Jana Miller						02/03/2008					
3. Sex (M/F)		4a. Age - Last Birthday		4b. Under 1 Year		4c. Under 1 Day		5. Social Security Number		6. County of Death	
Female		87		Months Days		Hours Minutes		[REDACTED]		King	
7. Birthdate			8a. Birthplace (City, Town, or County)			8b. (State or Foreign Country)			9. Decedent's Education		
06/24/1920			Tremonton			Utah			High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.						11. Decedent's Race(s)			12. Was Decedent ever in U.S. Armed Forces? No		
No						White			No		
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)								13b. City or Town			
23015 18th Ave. S.								Des Moines			
13c. Residence: County			13d. Tribal Reservation Name (if applicable)			13e. State or Foreign Country			13f. Zip Code + 4		13g. Inside City Limits?
King			N/A			Washington			98198		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence.			15. Marital Status at Time of Death			16. Surviving Spouse's Name (Give name prior to first marriage)					
44 years			Married			John Charles Miller					
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))						18. Kind of Business/Industry (Do not use Company Name)					
Homemaker						Own Home					
19. Father's Name (First, Middle, Last, Suffix)						20. Mother's Name Before First Marriage (First, Middle, Last)					
Bert Brown						Edith Swordfiger					
21. Informant's Name			22. Relationship to Decedent			23. Mailing Address: Number and Street or RFD No. City or Town State Zip					
Marilyn Holmes			Daughter			211 Farallona Ave. S. Fircrest WA 98466					
24. Place of Death, if Death Occurred in a Hospital:						25. Facility Name (if not a facility, give number & street or location)					
[REDACTED]						23015 18th Ave. S.					
24. Place of Death, if Death Occurred Somewhere Other than a Hospital:						26a. City, Town, or Location of Death					
[REDACTED]						Des Moines					
26b. State						27. Zip Code					
WA						98198					
28. Method of Disposition			29. Place of Final Disposition (Name of cemetery, crematory, other place)			30. Location-City/Town, and State					
Cremation			American Memorial Assoc. #69			Renton, WA					
31. Name and Complete Address of Funeral Facility						32. Date of Disposition					
American Memorial F. D. Inc. 100 Blaine Ave. NE Renton WA 98057						02/07/2008					
33. Funeral Director Signature X						[Signature: Raymond C. Pike]					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.											
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CONGESTIVE HEART FAILURE										Interval between Onset & Death	
Due to (or as a consequence of):										Interval between Onset & Death	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. ATRIAL FIBRILLATION										Interval between Onset & Death	
Due to (or as a consequence of):										Interval between Onset & Death	
c. CHRONIC HEART FAILURE										Interval between Onset & Death	
Due to (or as a consequence of):										Interval between Onset & Death	
d. ANOMIA 24 TO CHRONIC HEART FAILURE										Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?			
HTN HYPERTENSIVE HEART DISEASE WITH MYOCARDIAL INFARCTION						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Manner of Death			39. If female			40. Did tobacco use contribute to death?			41. Date of Injury (MM/DD/YYYY)		
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending			<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			41. Date of Injury (MM/DD/YYYY)		
42. Hour of Injury (24hrs)			43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			44. Injury at Work?			45. Location of Injury: Number & Street:		
[REDACTED]			[REDACTED]			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			Apt No.		
46. Describe how injury occurred			47. If transportation injury, specify:			48a. Certifying Physician - To the best of your knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.			48b. Medical Examiner/Coroner - 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) and manner stated.		
[REDACTED]			<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			[Signature: Daniel Ziperou] 2/4/08			[Signature: Daniel Ziperou] 2/4/08		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						50. Hour of Death (24hrs)			51. Name and Title of Attending Physician if other than Certifier (Type or Print)		
Dr. Ziperou, Daniel 16233 Sulvester Rd SW 7280 Burien WA 98166						0430			[REDACTED]		
53. Title of Certifier			54. License Number			55. ME/Coroner File Number			56. Was case referred to ME/Coroner?		
MD			MD000025933			NJ# 08-768			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature						58. Date Received (MM/DD/YYYY)					
[Signature: Jim Haberman]						FEB 07 2008					
59. Amendments											

