

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

ASSESSOR'S PARCEL NO. (APN#): 005-090-68

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: MONIE SMITH

Address: 2192 Finn Hall Road

City/State/Zip: Port Angeles, WA 98362

EUREKA COUNTY, NV
LAND-TJT
Rec:\$37.00
Total:\$37.00
MONIE SMITH

2023-249708
01/09/2023 02:16 PM
Pgs=5



00017508202302497080050050

KATHERINE J. BOWLING, CLERK RECORDER

I, MONIE SMITH, the Affiant, being of legal age, and being first duly sworn,
deposes and says:

That MICHAEL GERALD JOHNSON, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as MICHAEL G. JOHNSON
(Deceased Name as shown on Deed)

named as one of the parties in that certain QUIT CLAIM DEEDS 144143, 153701, 214090
(Type of Document)

dated on the _____ day of _____, and executed by _____,
known as "Grantor(s)" to _____,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. SEE ABOVE, on the
_____ day of _____, in book _____, of Official Records of

_____ County, Nevada, covering the following described property situated in the City of
_____, County of EUREKA, State of Nevada.
(Set forth legal description and commonly known street address, if known)

Township 31 North, Range 49 East, Mount Diablo Base
and meridian, section 33: SW 1/4; NW 1/4

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 \$ 1 million dollars.

In witness Whereof, I/We have hereunto set my hand/our hands this 22nd day of Dec, 20 22

Monie Smith

(Signature)

MONIE SMITH

(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA WASHINGTON

COUNTY OF EUREKA CLALLAM

This instrument was acknowledged before me on (date) 22nd OF DECEMBER, 2022

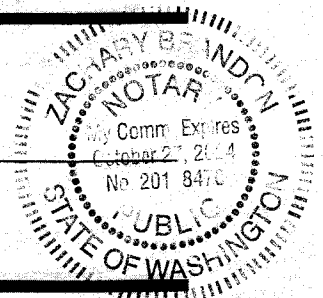
By (person(s) appearing before notary public) MONIE SMITH

[Signature]

(Notary Public)

My Commission expires: 27 OCT 2024

(Notary Stamp)



Bren E. Mollerup, ISB No. 7959
BENOIT LAW
(BENOIT, ALEXANDER, MOLLERUP
& DANIELSON, PLLC)
126 2nd Avenue North
P.O. Box 366
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Telephone: (208) 733-5463
Fax: (208) 734-1438
Email: mollerup@benoitlaw.com
iCourt Service Email: benoitlaw@benoitlaw.com
Attorneys for Applicant/Personal Representative

Filed: 03/04/2022 16:34:24
Fifth Judicial District, Jerome County
Michelle Emerson, Clerk of the Court
By: Deputy Clerk - Villa, Gaby

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF JEROME

MAGISTRATE DIVISION

CV27-22-00197

IN THE MATTER OF THE ESTATE OF

MICHAEL GERALD JOHNSON,
a/k/a MICHAEL G. JOHNSON,
a/k/a MICHAEL JOHNSON,

Deceased.

Case No. _____

LETTERS TESTAMENTARY

The Will of Michael G. Johnson having been admitted to informal probate, Monie L. Smith is hereby appointed Personal Representative of the Estate.

WITNESS: The undersigned Magistrate of the District Court, County of Jerome, State of Idaho, with the seal of the Court affixed.

DATED: 3/4/2022 4:09:27 PM



MAGISTRATE JUDGE

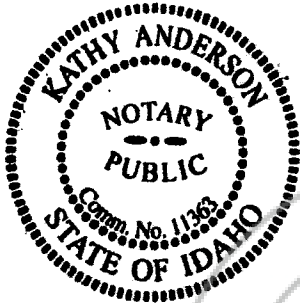


STATE OF IDAHO)
) ss.
County of Twin Falls)

I, Monie L. Smith, hereby accept the duties of Personal Representative of the Estate of Michael Gerald Johnson, deceased, and do solemnly swear that I will perform, according to law, the duties of Personal Representative of the Estate of Michael Gerald Johnson, deceased.

Monie L. Smith
MONIE L. SMITH

SUBSCRIBED AND SWORN to before me this 4th day of March, 2022.



Kathy Anderson
NOTARY PUBLIC
Residing at: Twin Falls, Idaho
My Commission Expires: 4-3-2024

CERTIFICATE OF SERVICE


I hereby certify that on **03/04/2022**, I caused a true and correct copy of the foregoing **LETTERS TESTAMENTARY** to be served upon the following attorney in the following manner:

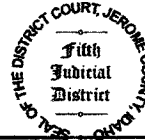
Bren E. Mollerup
BENOIT LAW
P.O. Box 366
Twin Falls, ID 83303-0366

Hand Delivered ☐
U.S. Mail ☐
Fax (208) 734-1438 ☐
Email ☐
Electronic Court Filing ☒
benoitlaw@benoitlaw.com

CLERK OF THE DISTRICT COURT

By


Deputy Clerk



State of Idaho }
County of Jerome } SS

I hereby certify the foregoing to be full, true and correct copy of the original on file in the above-entitled action.



Michelle Emerson
Clerk of the District Court


Deputy

03/04/2022

Date

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

CERTIFICATE OF DEATH

Date Filed FEBRUARY 16, 2022

State File No. 2022-02103

DECEDENT - LEGAL NAME MICHAEL GERALD JOHNSON			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 80 YEARS	DATE OF BIRTH JUNE 10, 1941
BIRTHPLACE EVANSTON, ILLINOIS		PLACE OF RESIDENCE JEROME, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) MONIE SMITH	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME ROBERT HIVELY			BIRTHPLACE UNKNOWN
MOTHER - MAIDEN NAME GERALDINE PRITCHARD			BIRTHPLACE UNKNOWN
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE DUSTIN GODFREY	
NAME AND ADDRESS OF FUNERAL FACILITY ROSENAU FUNERAL HOME AND CREMATORY, TWIN FALLS, IDAHO			
DATE OF DEATH FEB. 09, 2022	TIME OF DEATH 7:25 P.M.	CITY, TOWN OR LOCATION OF DEATH TWIN FALLS, IDAHO	COUNTY OF DEATH TWIN FALLS
CAUSE OF DEATH (underlying cause last) a. ACUTE MYOCARDIAL INFARCTION			Approximate Interval Between Onset and Death DAYS
DUE TO (or as a consequence of): b. CORONARY ARTERY THROMBOSIS			DAYS
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above RIGHT LOWER EXTREMITY DVT; PNEUMONIA; EMBOLIC CVA; LOWER GI BLEED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER DEREK RYAN MCDOWELL, D.O.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: FEBRUARY 18, 2022

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

Rev. 07/28/20

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

