

**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: <u>MONIE SMITH</u> Address: <u>2192 Finn Hall Road</u> City/State/Zip: <u>Port Angeles, WA 98362</u> |
|--|

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

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



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

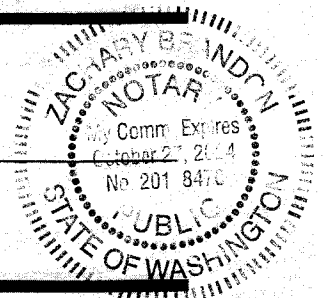
Monie Smith
 (Signature)
MONIE SMITH
 (Print or type name here)

 (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
Twin Falls, Idaho 83303-0366
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

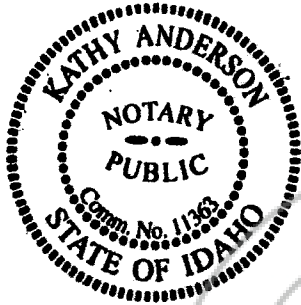


STATE OF IDAHO)
) ss.
County of Twin Falls)

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 |
| BIRTH-PLACE 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 | | | BIRTH-PLACE UNKNOWN |
| MOTHER - MAIDEN NAME GERALDINE PRITCHARD | | | BIRTH-PLACE 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

