

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

ASSESSOR'S PARCEL NO. (APN#): 005-090-55

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Mia Murphy
Address: 2708 E. Poplar Ave
City/State/Zip: Victoria, Tx 77901

EUREKA COUNTY, NV
LAND-TJT
Rec:\$37.00
Total:\$37.00
MIA MURPHY

2023-249786
02/13/2023 02:35 PM
Pgs=2



00017607202302497860020026
KATHERINE J. BOWLING, CLERK RECORDER

I, Mia L. Murphy, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That Eddie Clark Murphy, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Eddie C. Murphy
(Deceased Name as shown on Deed)

named as one of the parties in that certain Deed,
(Type of Document)

dated on the August day of 3, 1979, and executed by
Eddie Clark Murphy, known as "Grantor(s)" to Mia Louise Murphy,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 68839, on the
7th day of August, 1979, in book 71, 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.
(Set forth legal description and commonly known street address, if known)

APN # 005-090-55

Parcel ID # 509 055

Location: T31N, R49E, Sec 31
NE4 SW4

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 \$ 50,000.00

In witness Whereof, I/We have hereunto set my hand/our hands this 10 day of February, 20 23

Mia Murphy
(Signature)
Mia Louise Murphy
(Print or type name here)

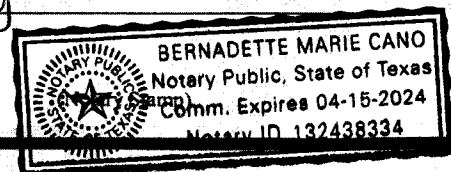
(Signature)

(Print or type name here)

STATE OF NEVADA }
COUNTY OF EUREKA }

This instrument was acknowledged before me on (date) February 10, 2023

By (person(s) appearing before notary public) Mia Louise Murphy
Bernadette Marie Cano
(Notary Public)
My Commission expires: 4/15/2024



STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

APR 26 2017

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-17-060033

| | | | | | | | | |
|---|---|---|--|--|--|---|---|--|
| 1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) EDDIE CLARK MURPHY | | | | 2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy) APRIL 18, 2017 | | | | |
| 3. SEX MALE | 4. DATE OF BIRTH (mm-dd-yyyy) JUNE 18, 1942 | 5. AGE-Last Birthday (Years) 74 | 6. BIRTHPLACE (City & State or Foreign Country) LOS ANGELES, CA | | | | | |
| 7. SOCIAL SECURITY NUMBER [REDACTED] | | 8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | 9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) MIA HUNTER | | | | |
| 10a. RESIDENCE STREET ADDRESS 2004 E. MIMOSA AVENUE | | | 10b. APT. NO. | 10c. CITY OR TOWN VICTORIA | | | | |
| 10d. COUNTY VICTORIA | | 10e. STATE TEXAS | 10f. ZIP CODE 77901 | 10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 11. FATHER'S NAME PRIOR TO FIRST MARRIAGE LLOYD MURPHY | | | 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE MERLE STANFORD | | | | | |
| 13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | | | | | | | |
| 14. COUNTY OF DEATH VICTORIA | | 15. CITY/TOWN, ZIP (If OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) VICTORIA, 77901 | | 16. FACILITY NAME (If not institution, give street address) CITIZENS MEDICAL CENTER | | | | |
| 17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED MIA MURPHY - WIFE | | | 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 2004 E. MIMOSA AVENUE, VICTORIA, TX 77901 | | | | | |
| 19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify) | | 20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LORI GILLEM BUTLER, BY ELECTRONIC SIGNATURE - 112895 | | 21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____ | | | | |
| 22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) HAUWIN ENTERPRISES | | | 23. LOCATION (City/Town, and State) VICTORIA, TX | | | | | |
| 24. NAME OF FUNERAL FACILITY GRACE FUNERAL HOME | | | 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 2401 HOUSTON HWY, VICTORIA, TX 77901 | | | | | |
| 26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - 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. | | | | | | | | |
| 27. SIGNATURE OF CERTIFIER KISHAN CHAND, BY ELECTRONIC SIGNATURE | | 28. DATE CERTIFIED (mm-dd-yyyy) APRIL 24, 2017 | | 29. LICENSE NUMBER N8627 | | | | |
| 31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) KISHAN CHAND 2700 CITIZENS PLAZA STE 301, VICTORIA, TX 77901 | | | | 32. TITLE OF CERTIFIER MD | | | | |
| 33. PART 1. 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. ENTER ONLY ONE CAUSE ON EACH. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> IMMEDIATE CAUSE (Final disease or condition resulting in 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 </td> <td style="width: 40%; vertical-align: top;"> METASTATIC CANCER, PRIMARY LIKELY HEPATOCELLULAR CARCINOMA, RESPIRATORY FAILURE, LIVER FAILURE, SEPSIS Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): </td> <td style="width: 30%; vertical-align: top;"> Approximate interval Onset to death FEW DAYS </td> </tr> </table> | | | | | | IMMEDIATE CAUSE (Final disease or condition resulting in 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 | METASTATIC CANCER, PRIMARY LIKELY HEPATOCELLULAR CARCINOMA, RESPIRATORY FAILURE, LIVER FAILURE, SEPSIS Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): | Approximate interval Onset to death FEW DAYS |
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| PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. PNEUMONIA, DM-2, COPD | | | | 34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | |
| 36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | | 37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown | | 38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year | | | | |
| 39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | | | | | | | | |
| 40a. DATE OF INJURY (mm-dd-yyyy) | | 40b. TIME OF INJURY | | 40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) | | 40e. COUNTY OF INJURY | | | | | | |
| 41. DESCRIBE HOW INJURY OCCURRED | | | | | | | | |
| 42a. REGISTRAR FILE NO. 02-336 | | 42b. DATE RECEIVED BY LOCAL REGISTRAR APRIL 25, 2017 | | 42c. REGISTRAR REGISTRAR - CITY OF VICTORIA, ELECTRONICALLY FILED | | | | |

EDR NUMBER 000002088994

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code:

ISSUED APR 26 2017

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Tara Das
TARA DAS
STATE REGISTRAR

JLF

