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

ASSESSOR'S PARCEL NO. (APN#): 005-090-53

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

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

MIA MURPHY

2023-249786 02/13/2023 02:35 PM

Pgs=2



KATHERINE J. BOWLING, CLERK RECORDER

City/State/Zip: VIC 101 100 1 N	77101	
1. Mia L. Murohy	, the Af	ffiant, being of legal age, and being first duly sworn,
deposes and says: That Eddie Clark	< Murchy	
	s shown on Death Certificate)	, the decedent mentioned in the
attached certified copy Certificate of Death, is	the same person as	eceased Name as shown on Deed)
	(D	eceased Name as shown on Deed)
named as one of the parties in that certain	Deed	
dated on the August	(Type of Document) day of	and executed by
known as "Grantee(s)", as Joint Tenants, and	, known as "Grantor(s)" to	Mia Louise Murphy
7) th day of Our OUC	1979 in book	(488,39 , on the 71 , of Official Records of
Fureka)	County, Nevada, covering the	following described property situated in the City of Language Ci
(Set forth legal description and commonly known s	treet address, if known)	e 159, State of Nevada.
APN # 005-09D-	55	
Parcel ID # 509 05	3	
ocation: T31N, R4	9E, Sec 31	
NE4SW4		
That value of all real property owned by decenot exceed the sum of \$ 50,000.	dent at date of death, including \mathcal{O}	the full value of the property above described, did
In witness Whereof, I/We have hereunto set n	ny hand/our hands this	O day of February, 20 23
mia mus of		
(Signature)	(Signature)	
(Print or type name here)	(Print or type name	e here)
, , , , , , , , , , , , , , , , , , ,		A BANK AND A BANK BANK BANK BANK BANK BANK BANK BA
STATE OF NEVADA TOYUS		
COUNTY OF EURERA	o (date) FP/QUOLTU	1 10.003
This instrument was acknowledged before me of	·· (3)	4 10(00)
By (person(s) appearing before notary public)	a churching	WU
(Notary Public)	7 WUW	BERNADETTE MARIE CANO Notary Public, State of Texas
My Commission expires: 410/3034	+	Notary Public, State 04-15-2024
		# 5000 - 545 - AAAAAAAAA



CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

STATE OF TEX 1. LEGAL NAME OF DEC	NAO CEASED (Include AKA's	if any) (First Middle	e. Last)	F DEATH	317	ATE FILE NU	MBER 12. DATE OF	HZ71/	JAL OR PRESU
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		(Ye	ers)	Mo	Days	Hours Min	1		
MALE 7. SOCIAL SECURITY N	JUNE 18, 1	942 Is marital stat	74 US AT TIME OF		arried 9	SURVIVING SPOUS	LOS AN	GELES, CA e. give name pri	or to first marriage)
		□ Widowed □	Divorced	Never Married U	nknown		/	-, •	
IOa. RESIDENCE STREE	FT ANDRESS					AIA HUNTER 1306: APT. NO. 11	0c. CITY OR TO	WN -	
IVA. NESIDENCE STREE	ET ADDRESS			즐레 작용 것 않		100 AP 1. NO.	UC. CITT ON TO	AAIA	\ \
2004 E. MIMOSA A	AVENUE			Activity (Supplementary)	Table 1		/ICTORIA		- 1
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VICTORIA		TEXAS			779	01	X	res	□ No
11. FATHER'S NAME PR	IOR TO FIRST MARRIA		S. Ja	12. MOTHER'S NA	ME PRIOR T	O FIRST MARRIAGE			The state of the s
LLOYD MURPHY				MERLE STAN	EODD	-	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner		The state of the s
				ACE OF DEATH (CHEC	CK ONLY ON			The state of the s	
IF DEATH OCCURRED I				WEWHERE OTHER TH					The state of the s
Inpatient ER 14. COUNTY OF DEATH	VOutpatient DO/			Nursing Home DO					
14. COUNTY OF DEATH		. CITT/TOWN, ZIP	HE OUTSIDE C	IIT LIMITS, GIVE PRE	CINC I NO)	IO. FACILITI NAME (i not institution, (ave street addre	188)
VICTORIA	Ι,	/ICTORIA, 779	01			CITIZENS MED	ICAL CENTI	R .	
17. INFORMANT'S NAME	E & RELATIONSHIP TO	DECEASED	18	MAILING ADDRESS	OF INFORMA				
							. 1	V.	
MIA MURPHY - WI			20 SIGNATI	004 E. MIMOSA A	VENUE, V	ACTORIA, TX 77		}	·
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☐ Entombrnent	Removal fro	om state	1			in de la est. Nota de la companya d		Section	
Other (Specify)	_		112895	LLEM BUTLER ,E	SY ELECT	HUNIC SIGNATU	ME	Block	
22. PLACE OF DISPOSIT	TION (Name of cemeter	v. crematory, other c	3	23. LOCATION (Ci	tv/Town, and	State)	-/	Lot	
		,,	7			N. J	/ /	Space	
HAUWIN ENTERP	RISES			VICTORIA, TX	(UNERAL FACILITY (Street and Numb	or City State 2	in Code)
24. NAME OF FUNERAL	PAOLITI			23. COMPLETE AL	JUNESU OF 1	ONLINE HOLLIT	ALGOR GIRG HUILD	or, Ony, Otale, 2	
GRACE FUNERAL	HOME			2401 HOUST	ON HWY,	VICTORIA, TX 7	7901		
31. PRINTED NAME, AD	BY ELECTRONIC DRESS OF CERTIFIER	(Street and Numbe	r, City,State,Zip C	Code)	24, 2017	N8627	- 1	32. TITLE OF C	2:07 PM ERTIFIER
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APR 26 2017

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TARA DAS STATE REGISTRAR



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