

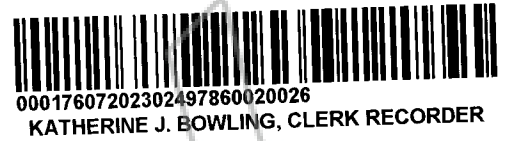
**Affidavit-Termination of Joint Tenancy  
(Death of a Joint Tenant)**

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



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  
7<sup>th</sup> 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 # 509055

Location: T31N, R49E, Sec 31  
NE4SW4

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)

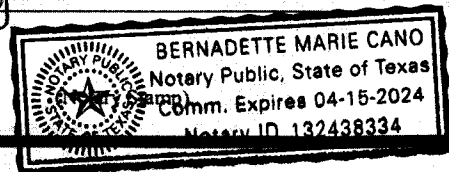
(Signature)  
(Print or type name here)

STATE OF NEVADA Texas  
Victoria  
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**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) <b>EDDIE CLARK MURPHY</b>			(Maiden)			2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy) <b>APRIL 18, 2017</b>					
3. SEX <b>MALE</b>		4. DATE OF BIRTH (mm-dd-yyyy) <b>JUNE 18, 1942</b>		5. AGE-Last Birthday (Years) <b>74</b>		IF UNDER 1 YR Mo Days Hours Min		IF UNDER 1 DAY Hours Min		6. BIRTHPLACE (City & State or Foreign Country) <b>LOS ANGELES, CA</b>	
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) <b>MIA HUNTER</b>			
10a. RESIDENCE STREET ADDRESS <b>2004 E. MIMOSA AVENUE</b>						10b. APT. NO.		10c. CITY OR TOWN <b>VICTORIA</b>			
10d. COUNTY <b>VICTORIA</b>			10e. STATE <b>TEXAS</b>			10f. ZIP CODE <b>77901</b>			10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE <b>LLOYD MURPHY</b>						12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>MERLE STANFORD</b>					
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 <b>VICTORIA</b>				15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) <b>VICTORIA, 77901</b>				16. FACILITY NAME (If not institution, give street address) <b>CITIZENS MEDICAL CENTER</b>			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>MIA MURPHY - WIFE</b>						18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>2004 E. MIMOSA AVENUE, VICTORIA, TX 77901</b>					
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 <b>LORI GILLEM BUTLER, BY ELECTRONIC SIGNATURE - 112895</b>			21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____		
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>HAUWIN ENTERPRISES</b>						23. LOCATION (City/Town, and State) <b>VICTORIA, TX</b>					
24. NAME OF FUNERAL FACILITY <b>GRACE FUNERAL HOME</b>						25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>2401 HOUSTON HWY, VICTORIA, TX 77901</b>					
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 <b>KISHAN CHAND, BY ELECTRONIC SIGNATURE</b>				28. DATE CERTIFIED (mm-dd-yyyy) <b>APRIL 24, 2017</b>		29. LICENSE NUMBER <b>N8627</b>		30. TIME OF DEATH (Actual or presumed) <b>12:07 PM</b>			
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>KISHAN CHAND 2700 CITIZENS PLAZA STE 301, VICTORIA, TX 77901</b>						32. TITLE OF CERTIFIER <b>MD</b>					
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.  IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>METASTATIC CANCER, PRIMARY LIKELY HEPATOCELLULAR CARCINOMA, RESPIRATORY FAILURE, LIVER FAILURE, SEPSIS</b> Due to (or as a consequence of): a. _____ Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____  Approximate interval Onset to death <b>FEW DAYS</b>											
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. <b>PNEUMONIA, DM-2, COPD</b>						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 type="checkbox"/> No											
36. MANNER OF DEATH <input 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 type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)					
40e. LOCATION (Street and Number, City, State, Zip Code)						40f. COUNTY OF INJURY					
41. DESCRIBE HOW INJURY OCCURRED											
42a. REGISTRAR FILE NO. <b>02-336</b>			42b. DATE RECEIVED BY LOCAL REGISTRAR <b>APRIL 25, 2017</b>			42c. REGISTRAR <b>REGISTRAR - CITY OF VICTORIA, ELECTRONICALLY FILED</b>					
EDR NUMBER 000002088994											

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 196)

QA10680085

VS-112 REV 1/2006

JLF

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

*Tara Das*  
TARA DAS  
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

