

EUREKA COUNTY, NV

Rec:\$37.00

\$37.00 Pgs=5

HOLLEY DRIGGS, LTD

KATHERINE J. BOWLING, CLERK RECORDER

2023-249807

02/16/2023 03:43 PM

RECORDING COVER PAGE

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APN# 001-195-03

TITLE OF DOCUMENT

(DO NOT Abbreviate)

AFFIDAVIT TERMINATING JOINT TENANCY

Document Title on cover page must appear EXACTLY as the first page of the document
to be recorded.

RECORDING REQUESTED BY:

Audrey Damonte, Esq.

RETURN TO: Name Audrey Damonte, Esq., Holley Driggs, Ltd.

Address 800 S. Meadows Parkway, Suite 800

City/State/Zip Reno, Nevada 89521

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name ANTHONY J. ROWLEY

Address P.O. Box 39

City/State/Zip Eureka, NV 89316

This page provides additional information required by NRS 111.312 Sections 1-2.

To print this document properly, do not use page scaling.

P:\Common\Forms & Notices\Cover Page Template Oct2017

APN: 001-195-03

Recording Requested by
and Return to:

AUDREY DAMONTE, ESQ.
Holley, Driggs, Walch, et al.
800 S. Meadows Parkway
Suite 800
Reno, Nevada 89521

Mail Tax Statements to:

ANTHONY J. ROWLEY
P.O. Box 39
Eureka, NV 89316

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)
) ss.
County of Eureka)

ANTHONY J. ROWLEY, being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant ANTHONY J. ROWLEY is the surviving owner of the property hereinafter described.

That was one of the grantees named in said deed and was the identical person named as, CAROLYN RAE ROWLEY the decedent, in that certain Certificate of Death, which is attached hereto and made a part hereof.

That affiant ANTHONY J. ROWLEY is the person named as one of the grantees in that certain Executors Deed, for beneficial interest in the Estate of LEONA D. ROWLEY, Case No. 1004-196, in the SEVENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA IN AND FOR THE COUNTY OF EUREKA, recorded on February 24, 2011, as Document No. 0216795 in the office of the County Recorder of Eureka County, Nevada, said property commonly referred to as 740 S. Monroe Street, Eureka, Nevada 89316, being located in Eureka County, State of Nevada, and being more particularly described on **Exhibit "A"** attached hereto and made a part hereof.

That affiant ANTHONY J. ROWLEY makes this Affidavit for recording and for the purpose of terminating all right, title, interest of said CAROLYN R. ROWLEY, the deceased joint tenant with right of survivorship, in and to the hereinafter described property and vesting title thereto solely in affiant ANTHONY J. ROWLEY, as the surviving joint owner.

DATED This 8th day of Feb, 2023

Anthony J Rowley
ANTHONY J. ROWLEY

Subscribed and sworn to before me this
8th day of February, 202~~3~~

Diane D. Podborny
Notary Public

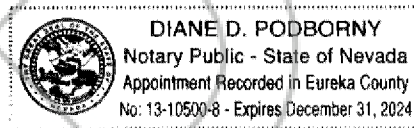


EXHIBIT "A"

All that certain real property situate in the City of Eureka, County of Eureka, State of Nevada,
more particularly described as follows: (APN: 001-195-03):

All of Block 49 as shown on the official map now on file in the office of
the Eureka County recorder except a portion lying westerly of the "Eureka
Channel" further described as follows:

Beginning at the Northwest corner of said Block 49. Thence North $81^{\circ} 30'$
West, a distance of 64.41 feet to a point; Thence South $24^{\circ} 30'$ West,
a distance of 90.53 feet to a point; Thence South $14^{\circ} 45'$ West, a distance of
41.83 feet to a point; Thence North $63^{\circ} 16'$ West, a distance of 26.78 feet to
A point being the Southwest corner of said Block 49; Thence North $4^{\circ} 45'$
East, a distance of 109.00 feet to the TRUE POINT OF BEGINNING.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4276956

CERTIFICATE OF DEATH

2022009077
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

Cremation

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Carolyn Rae ROWLEY			2. DATE OF DEATH (Mo/Day/Yr) April 05, 2022			3a. COUNTY OF DEATH Washoe		
3b. CITY, TOWN, OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or number) St Mary's Regional Medical Center			3e. If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient (Specify) Emergency Room / Outpatient		
4. SEX Female			5. RACE (Specify) White			6. Hispanic Origin? Specify No - Non-Hispanic		
7a. AGE-Last birthday (Years) 63			7b. UNDER 1 DAY MOS			7c. UNDER 1 DAY HOURS		
8. DATE OF BIRTH (Mo/Day/Yr) August 21, 1958			9a. STATE OF BIRTH (If not US/CA, name country) Utah			9b. CITIZEN OF WHAT COUNTRY United States		
10. EDUCATION 16			11. MARITAL STATUS (Specify) Divorced			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		
13. SOCIAL SECURITY NUMBER			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)			14b. KIND OF BUSINESS OR INDUSTRY		
			MAIL WORKER (POSTAL)			U.S. POSTAL SERVICE		
15a. RESIDENCE - STATE Nevada			15b. COUNTY Washoe			15c. CITY, TOWN OR LOCATION Reno		
15d. STREET AND NUMBER 3996 Buckingham Square			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Ray ROWLEY			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Leona DAVIES					
18a. INFORMANT - NAME (Type or Print) Anthony ROWLEY			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 301 Well St Eureka, Nevada 89316					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Mountain View Crematory			19c. LOCATION City or Town State Reno Nevada 89503		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) STEPHANIE J SHAPIRO			20b. FUNERAL DIRECTOR LICENSE NUMBER FD981			20c. NAME AND ADDRESS OF FACILITY Mountain View Mortuary PO Box 5158 Reno NV 89513		
20d. SIGNATURE AUTHENTICATED								
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TIMOTHY OSBORNE MD								
21b. DATE SIGNED (Mo/Day/Yr) April 07, 2022			21c. HOUR OF DEATH 08:38			22a. 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) stated. (Signature & Title)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH		
			22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Timothy Osborne MD 235 West 6th St. Reno NV 89503			23b. LICENSE NUMBER 11873					
24a. REGISTRAR (Signature) CARMEN M MENDOZA			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 11, 2022			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
24d. SIGNATURE AUTHENTICATED								
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)								
PART I								
(a) Sepsis								
DUE TO, OR AS A CONSEQUENCE OF:								
(b) Pneumonia								
DUE TO, OR AS A CONSEQUENCE OF:								
(c) Chronic Obstructive Pulmonary Disease								
DUE TO, OR AS A CONSEQUENCE OF:								
(d) Etiology Otherwise Unknown								
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Rheumatoid Arthritis, Hyperlipidemia								
26a. ACC., SUICIDE, HOMICIDE, UNDER OR PENDING INVEST. (Specify)			26b. DATE OF INJURY (Mo/Day/Yr)			26c. HOUR OF INJURY		
						26d. DESCRIBE HOW INJURY OCCURRED		
28a. INJURY AT WORK (Specify Yes or No)			28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			28c. LOCATION: STREET OR R.F.D. No. CITY OR TOWN STATE		



000481616

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

4/11/2022

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

