

RECORDING COVER PAGE

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APN# 001-201-02/001-187-01

EUREKA COUNTY, NV

2023-249808

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02/16/2023 03:57 PM

HOLLEY DRIGGS, LTD

KATHERINE J. BOWLING, CLERK RECORDER

TITLE OF DOCUMENT

(DO NOT Abbreviate)

AFFIDAVIT TERMINATING JOINT TEANNCY

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, PERSONAL REPRESENTATIVE

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: 001-201-02
001-187-01

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 deed recorded on January 9, 2012, as Document No. 0219408 in the office of the County Recorder of Eureka County, Nevada, said property commonly referred to as 660 S. Main 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 owner of community property 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, 2023

Diane D Podborny
Notary Public

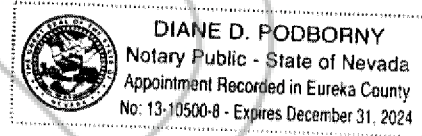


EXHIBIT "A"

All that certain real property situate in the County of Eureka, State of Nevada, that is described as follows:

Lot 6 Block 29 Townsite. Lots 104 Block 129

SUBJECT TO taxes for the present fiscal year, and subsequently, covenants, conditions and restrictions, exceptions and reservations, easements, encumbrances, leases or licenses, rights and right of way record, if any.

(APN: 002-201-02 and 001-187-01)

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/Year) 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 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 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
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 SPOUSES 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		Ever in US Armed Forces? No	
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD981		20c. NAME AND ADDRESS OF FACILITY Mountain View Mortuary PO Box 5158 Reno NV 89513	
TRADE CALL - NAME AND ADDRESS					
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 SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) April 07, 2022		21c. HOUR OF DEATH 08:38		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
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 SIGNATURE AUTHENTICATED		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"/>		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			
Interval between onset and death		Interval between onset and death			
Interval between onset and death		Interval between onset and death			
Interval between onset and death		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. Rheumatoid Arthritis, Hyperlipidemia				28. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		28g. 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.

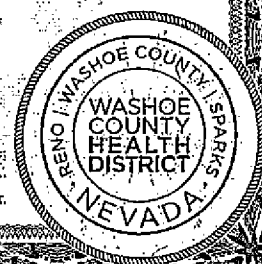
DEPUTY REGISTRAR

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