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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.

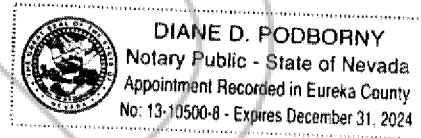
That affiant ANTHONY J. ROWLEY makes this Affidavit for recording and for the purpose of terminating all right, title, interest of said CAROLYN R. ROWLEY, the deceased joint owner of community property with right of survivorship, in and to the hereinafter described property and vesting title thereto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

DATED This 8<sup>th</sup> day of Feb, 2023

Anthony J Rowley  
ANTHONY J. ROWLEY

Subscribed and sworn to before me this  
8<sup>th</sup> 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) <b>Carolyn Rae ROWLEY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 05, 2022</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street number) <b>St Mary's Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OPI, Emer. Rm. Inpatient (Specify) <b>Emergency Room / Outpatient</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE - Last birthday (Years) <b>63</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 21, 1958</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Divorced</b>		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	
		<b>MAIL WORKER (POSTAL)</b>		<b>U.S. POSTAL SERVICE</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Reno</b>	
15d. STREET AND NUMBER <b>3996 Buckingham Square</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First, Middle Last Suffix) <b>Ray ROWLEY</b>			17. MOTHER/PARENT - NAME (First, Middle Last Suffix) <b>Leona DAVIES</b>		
18a. INFORMANT - NAME (Type or Print) <b>Anthony ROWLEY</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>301 Well St Eureka, Nevada 89316</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>			19b. CEMETERY OR CREMATORY - NAME <b>Mountain View Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>STEPHANIE J SHAPIRO</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD981</b>		20c. NAME AND ADDRESS OF FACILITY <b>Mountain View Mortuary</b> <b>PO Box 5158 Reno NV 89513</b>	
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) <b>TIMOTHY OSBORNE MD</b> 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) <b>April 07, 2022</b>		21c. HOUR OF DEATH <b>08:38</b>		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) <b>Timothy Osborne MD 235 West 6th St. Reno NV 89503</b>			
23b. LICENSE NUMBER <b>11873</b>		24a. REGISTRAR (Signature) <b>CARMEN M MENDOZA</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 11, 2022</b>		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					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Rheumatoid Arthritis, Hyperlipidemia</b>					
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			

000461616 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

