

APN: 005-420-15

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

**2023-249824**  
02/27/2023 01:54 PM  
Pgs=4

Mail Tax Statements to:

Nancy Louden  
633 6<sup>th</sup> Street  
Crescent Valley, Nevada 89821



KATHERINE J. BOWLING, CLERK RECORDER

When Recorded Return to:

GERBER LAW OFFICES, LLP  
491 4<sup>th</sup> Street  
Elko, Nevada 89801

**AFFIDAVIT TERMINATING JOINT TENANCY**

**AFFIRMATION**

I, the undersigned, hereby affirm that this document submitted for recording **does** contain a Social Security number of at least one person, as required by law. Legal requirement cited in the following specific statute: NRS 440.380(1)(a).

  
\_\_\_\_\_  
ZACHARY A. GERBER, ESQ.

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491 4th Street  
Elko, Nevada 89801

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA        )  
  :ss.  
COUNTY OF ELKO        )

NANCY LOUDEN, being duly sworn according to law and under penalty of perjury, deposes and says:

1. That NANCY LOUDEN is the surviving joint tenant in and to the property hereinafter described.
2. That LEE LOUDEN and NANCY LOUDEN, husband and wife, purchased the following described property APN 005-420-15 as joint tenants by that certain, Grant, Bargain, Sale Deed, executed October 21, 2022, and recorded October 31, 2022, as Document No. 2022-248873, in the records of the Eureka County Recorder, Eureka County, Nevada, said property being more particularly described as follows:

TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B.&M.

Section 1:     NW1/4NE1/4SW1/4;

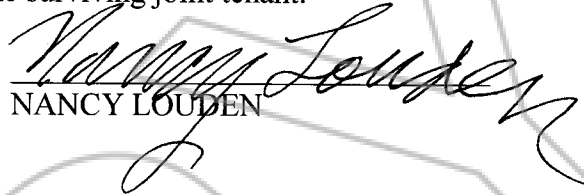
EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom, within or underlying said land or that may be produced therefrom, and all rights thereto, as reserved in deed recorded September 24, 1951, in Book 24, Page 168, Deed Records of Eureka County, Nevada.

TOGETHER WITH all buildings and improvements thereon.

SUBJECT TO: Reservations, restrictions, conditions, rights, rights of way and easements, if any of record on said premises.

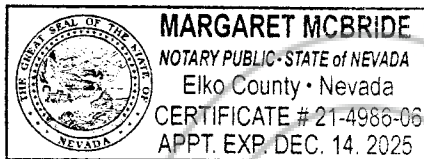
3. That LEE LOUDEN, being one of the persons described in the foregoing described deed as grantee and joint tenant, died in Crescent Valley, Eureka County, Nevada, on October 27, 2022, a certified copy of the Certificate of Death of said Decedent is attached to this Affidavit and made a part hereof.

4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said LEE LOUDEN, in and to the foregoing described property, and vesting title thereto solely to NANCY LOUDEN, the surviving joint tenant.

  
NANCY LOUDEN

STATE OF NEVADA     )  
                                  :SS.  
COUNTY OF ELKO     )

On the 22<sup>nd</sup> day of December, 2022, personally appeared before me, a Notary Public, NANCY LOUDEN, personally known to me or proven to me to be the person whose name is subscribed to the above instrument and who acknowledge that she executed said instrument.



  
NOTARY PUBLIC

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 4314334

### CERTIFICATE OF DEATH

2022025780  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

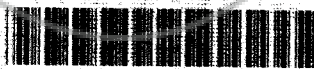
CERTIFIER

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>Lee Alan LOUDEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 27, 2022</b>		3a. COUNTY OF DEATH <b>Eureka</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Crescent Valley</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name/(If not either, give street or number) <b>240 Dean Dann Spa Road</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>69</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 19, 1953</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Nancy Gene COCKE</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>Lapidary Artist</b>		<b>Self-employed</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Crescent Valley</b>	
15d. STREET AND NUMBER <b>240 Dean Dann Spa Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert LOUDEN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marcaline RICE</b>		
18a. INFORMANT- NAME (Type or Print) <b>Nancy Gene LOUDEN</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>633 6th Street Crescent Valley, Nevada 89821</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sunset Crematory</b>		19c. LOCATION City or Town State <b>Elko Nevada 89803</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD298</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home PO BOX 689 Elko NV 89803</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)			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)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr)	
				<b>January 12, 2023</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)
			<b>17:30</b>		<b>October 27, 2022</b>
			<b>17:30</b>		<b>17:30</b>
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Miles A Umina PO Box 736 Eureka, NV 89316</b>					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) <b>SHANA B RHINEHART</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 12, 2023</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) <b>Atherosclerotic Cardiovascular Disease</b>					Interval between onset and death <b>Unknown</b>
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) <b>Unknown Etiology</b>					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c)					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d)					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1					26. AUTOPSY (Specify Yes or No) <b>Yes</b>
28a. ACC. SUICIDE, HON., 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	



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.

1/13/2023

DATE ISSUED:

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

