

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 6th Street
Crescent Valley, Nevada 89821



00017649202302498240040049

KATHERINE J. BOWLING, CLERK RECORDER

When Recorded Return to:

GERBER LAW OFFICES, LLP
491 4th 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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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;

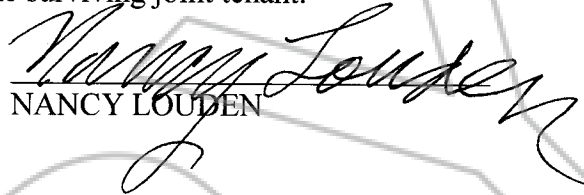
EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom, within or underlying said land or that may be produced therefrom, and all rights thereto, as reserved in deed recorded September 24, 1951, in Book 24, Page 168, Deed Records of Eureka County, Nevada.

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.

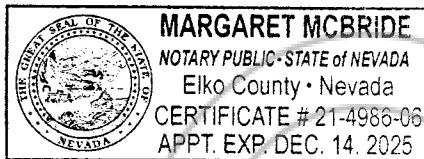
3. That LEE LOUDEN, being one of the persons described in the foregoing described deed as grantee and joint tenant, died in Crescent Valley, Eureka County, Nevada, on October 27, 2022, a certified copy of the Certificate of Death of said Decedent is attached to this Affidavit and made a part hereof.

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 22nd 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) Lee Alan LOUDEN			2. DATE OF DEATH (Mo/Day/Year) October 27, 2022		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Crescent Valley		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 240 Dean Dann Spa Road		3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home		
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 69		
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley		
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert LOUDEN		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marcaline RICE				
18a. INFORMANT- NAME (Type or Print) Nancy Gene LOUDEN		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 633 6th Street Crescent Valley, Nevada 89821				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MILES A UMINA SIGNATURE AUTHENTICATED						
21b. DATE SIGNED (Mo/Day/Yr) January 12, 2023		21c. HOUR OF DEATH 17:30		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) October 27, 2022		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Miles A Umina PO Box 736 Eureka, NV 89316					23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) SHANA B RHINEHART SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 12, 2023		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) Atherosclerotic Cardiovascular Disease						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Unknown Etiology						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) 						
DUE TO, OR AS A CONSEQUENCE OF:						
(d) 						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.						
26a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26d. INJURY AT WORK (Specify Yes or No)		26e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		
26g. LOCATION STREET OR R.F.D. No.		26h. CITY OR TOWN		26i. 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.

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

