

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



KATHERINE J. BOWLING, CLERK RECORDER

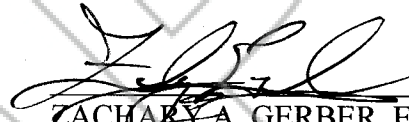
When Recorded Return to:

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;

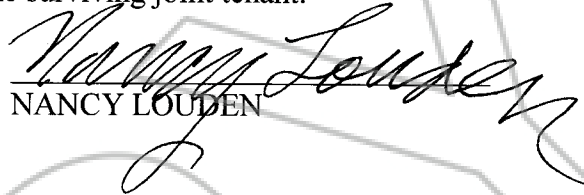
EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom, within or underlying said land or that may be produced therefrom, and all rights thereto, as reserved in deed recorded September 24, 1951, in Book 24, Page 168, Deed Records of Eureka County, Nevada.

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.

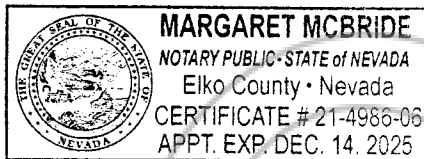
3. That LEE LOUDEN, being one of the persons described in the foregoing described deed as grantee and joint tenant, died in Crescent Valley, Eureka County, Nevada, on October 27, 2022, a certified copy of the Certificate of Death of said Decedent is attached to this Affidavit and made a part hereof.

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

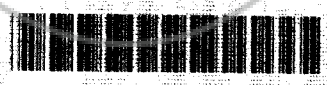
CERTIFIER

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 or number) 240 Dean Dann Spa Road		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 19, 1953		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Nancy Gene COCKE	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Lapidary Artist		Self-employed		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley	
15d. STREET AND NUMBER 240 Dean Dann Spa Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
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	
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)	
				MILES A UMINA January 12, 2023	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
				October 27, 2022	
				22e. PRONOUNCED DEAD AT (Hour) 17:30	
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				Interval between onset and death Unknown	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Unknown Etiology				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(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) Yes	
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.

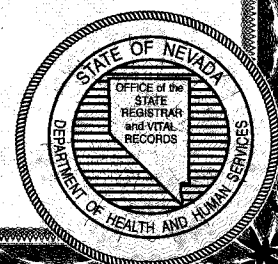
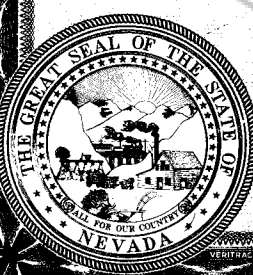
1/13/2023

DATE ISSUED:

Shana B Rhinehart

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