

**Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)**

ASSESSOR'S PARCEL NO. (APN#): 001-032-02,
001-032-12, 001-033-10

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: RICHARD P. BAKER

Address: 112 NORTH SOLEDAD ST.

City/State/Zip: SANTA BARBARA, CA 93103

EUREKA COUNTY, NV
LAND-TJT
Rec:\$37.00
Total:\$37.00
RICHARD P. BAKER

2023-250923
08/28/2023 03:01 PM
Pgs=6



00018839202302509230060066

KATHERINE J. BOWLING, CLERK RECORDER

I, RICHARD P. BAKER, the Affiant, being of legal age, and being first duly sworn,
deposes and says: MARIANA TITUS
That _____, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as MARIANA TITUS
(Deceased Name as shown on Deed)

named as one of the parties in that certain (SEE ATTACHMENTS A, B, C)
(Type of Document)

dated on the _____ day of _____, and executed by
_____, known as "Grantor(s)" to _____,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. _____, on the
_____ day of _____, in book _____, of Official Records of
_____ County, Nevada, covering the following described property situated in the City of
_____, County of _____, State of Nevada.
(Set forth legal description and commonly known street address, if known)

(INCLUDED IN ATTACHMENTS A, B, C)

That value of all real property owned by decedent at date of death, including the full value of the property above described, did
not exceed the sum of \$ 138,000

(SUM OF VALUATIONS IN ATTACHMENTS A, B, C)

In witness Whereof, We have hereunto set my hand/our hands this _____ day of _____, 20 _____

(Signature)

RICHARD P. BAKER

(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA)

COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) _____

By (person(s) appearing before notary public) _____

(Notary Public)

My Commission expires: _____

SEE ATTACHED

(Notary Stamp)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

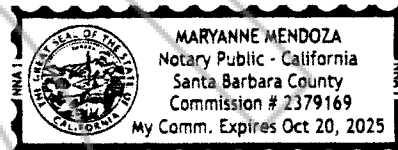
State of California
County of SANTA BARBARA)

On AUGUST 25, 2023 before me, MARYANNE MENDOZA, NOTARY PUBLIC,
(insert name and title of the officer)

personally appeared RICHARD PUTNAM BAKER,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature

A handwritten signature in dark ink, appearing to read 'Maryanne Mendoza', written over a horizontal line.

(Seal)

ATTACHMENT A

ASSESSOR PARCEL NO. (APN#): **001-032-02**

TYPE OF DOCUMENT: **DEED**

DATED: **25th day of February 2002**

EXECUTED BY: **Isabel Kitchen, Walter R. Kitchen and, Joseph H. Kitchen**, known as "Grantor(s)"

TO: **Richard P. Baker and Mariana Titus**, known as "Grantee(s)", as Joint Tenants

RECORDED AS INSTRUMENT NO. **2002-177837**

ON: **8th day of March 2002**, in book **346**, of Official Records of Eureka County, covering the following described property situated in the City of **Eureka**, County of **Eureka**, State of Nevada.

LEGAL DESCRIPTION: **Lots 21, 22, 23, 24, 25 and 26, in Block 77, of the Town of Eureka, State of Nevada, as the same appears on the official map filed in the Office of the County Recorder, Eureka County, State of Nevada.**

ADDRESS: **450 North O'Neil Ave., Eureka, Nevada 89316**

The full value of real property owned decedent at date of death as described above is estimated to be **\$87,390** ("Taxable Value for 2023", Eureka County Assessor's Office).

ATTACHMENT B

ASSESSOR PARCEL NO. (APN#): **001-032-12**

TYPE OF DOCUMENT: **GRANT BARGIN SALE DEED**

DATED: **1st day of June 2006**

EXECUTED BY: **Ruby Hill Mining Company, a Nevada corporation,** known as
"Grantor(s)"

TO: **Richard P. Baker and Mariana Titus,** known as "Grantee(s)", as Joint Tenants

RECORDED AS INSTRUMENT NO. **2006-205265**

ON: **9th day of June 2006,** in book **438,** of Official Records of Eureka County, covering
the following described property situated in the City of **Eureka,** County of **Eureka,**
State of Nevada.

LEGAL DESCRIPTION: **Lots 27, 28, 29, 30, 31, 32 and 33, in Block 77 of Eureka
Townsite, according to the map thereof filed map filed in the office of the County
Recorder of Eureka County, State of Nevada.**

ADDRESS: **470 North O'Neil Ave., Eureka, Nevada 89316**

The full value of real property owned decedent at date of death as described above
is estimated to be **\$38,649** ("Taxable Value for 2023", Eureka County Assessor's
Office).

ATTACHMENT C

ASSESSOR PARCEL NO. (APN#): 001-033-10, Changed from Parcel # 001-033-01,

Includes portion of Mill St abandonment

TYPE OF DOCUMENT: GRANT BARGIN SALE DEED

DATED: 8th day of January 2003

EXECUTED BY: Ruby Hill Mining Company, a Nevada corporation, known as
"Grantor(s)"

TO: Richard P. Baker and Mariana Titus, known as "Grantee(s)", as Joint Tenants

RECORDED AS INSTRUMENT NO. 2003-180984

ON: 3rd day of February 2003, in book 358, of Official Records of Eureka County,
covering the following described property situated in the City of Eureka, County of
Eureka, State of Nevada.

LEGAL DESCRIPTION: West 59 feet of Lot 11 and all of Lots 12 through 20, includes
portion of Mill St. abandonment, in Block 39B of Eureka Townsite, Eureka County,
State of Nevada.

ADDRESS: 491 North O'Neil Ave., Eureka, Nevada 89316

The full value of real property owned decedent at date of death as described above
is estimated to be \$11,773 ("Taxable Value for 2023", Eureka County Assessor's
Office).

STATE OF LOUISIANA

CERTIFICATION OF VITAL RECORD

CERTIFICATION OF DEATH

BIRTH NUMBER:

STATE FILE NUMBER: 2023-026-00595

09621969

DECEDENT	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) TITUS, MARIANA	DATE OF BIRTH 05/09/1949	DATE OF DEATH 07/17/2023	TIME OF DEATH 03:59 PM
	PLACE OF BIRTH - (CITY, STATE, COUNTRY) BARCELONA, ANZOATEGUI VENEZUELA	SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 74 YEARS
	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):			
	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 112 N. SOLEDAD ST., SANTA BARBARA, CA 93103 UNITED STATES		WITHIN CITY LIMITS? YES	PARISH/COUNTY SANTA BARBARA
PERSONAL	EVER IN U.S. ARMED FORCES? NO	OCCUPATION TEACHER	INDUSTRY OF OCCUPATION EDUCATION	
	MARITAL STATUS MARRIED	NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, SUFFIX) BAKER, RICHARD		
	FATHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX) TITUS, ELMER HARVEY	FATHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY) HANCOCK, IA UNITED STATES		
	MOTHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX) DEPEREZ ALLEN, ANATERESA	MOTHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY) CAIGUA, VENEZUELA		
	INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) BAKER, RICHARD	RELATIONSHIP TO DECEDENT HUSBAND	INFORMANT'S ADDRESS 112 N. SOLEDAD ST., SANTA BARBARA, CA 93103 UNITED STATES	
	EDUCATION: BACHELOR'S DEGREE (E.G. BS, AB, BA)			
	OF HISPANIC ORIGIN? YES, OTHER SPANISH/HISPANIC/LATINO (NATIVE AMERICAN)			
	RACE: AMERICAN INDIAN OR ALASKAN NATIVE (CUMANAGOTO)			
DEATH INFO	PLACE OF DEATH INPATIENT	FACILITY NAME OCHSNER LAFAYETTE GENERAL MEDICAL CENTER		
	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 1214 COOLIDGE ST., LAFAYETTE, LA 70503 UNITED STATES	PARISH/COUNTY LAFAYETTE		
DISPOSITION	METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION DANIEL GRANITE LLC		
	PLACE OF DISPOSITION - (CITY, STATE, COUNTRY) FRANKLIN, LA UNITED STATES	DATE OF DISPOSITION 07/20/2023		
FUNERAL FACILITY	FUNERAL FACILITY NAME IBERTS MORTUARY, INC. - FRANKLIN	ADDRESS OF FUNERAL FACILITY 1007 MAIN ST., FRANKLIN, LA 70538 UNITED STATES		
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX) HEBERT, VINCENT JOHN	LICENSE NUMBER E2932	CORONER NOTIFIED? N	
	SIGNATURE OF FUNERAL DIRECTOR [Signature]	DATE 8/1/2023		
MEDICAL INFO	MANNER OF DEATH NATURAL			
	IF FEMALE? NOT APPLICABLE			
	DID TOBACCO USAGE CONTRIBUTE TO DEATH? UNKNOWN			
CAUSE OF DEATH	PART I. Enter the chain of events -- diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			APPROXIMATE INTERVAL: Onset to Death
	IMMEDIATE CAUSE - (Final disease or condition resulting in death)	a. CEREBROVASCULAR ACCIDENT		3 DAYS
	Sequentially list conditions, if any, leading to the cause listed on line a.	b.		
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	c.		
		d.		
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
	WAS AN AUTOPSY PERFORMED? NO	FINDINGS USED IN DETERMINING CAUSE? NOT APPLICABLE		
INJURY INFORMATION	PLACE OF INJURY	DATE OF INJURY	TIME OF INJURY	INJURY AT WORK
	LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)	IF TRANSPORTATION INJURY, SPECIFY:		
	DESCRIBE HOW INJURY OCCURRED:			
CERTIFIER	I CERTIFY THAT I ATTENDED THE DECEDENT FROM 7/16/2023 TO 7/17/2023 AND THAT DEATH OCCURED ON THE DATE AND HOUR STATED AND DUE TO THE CAUSE(S) AND MANNER STATED.			
	SIGNATURE OF CERTIFIER [Signature]	DATE 7/18/2023		
	CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX) KEYS, TIMOTHY C			
	CERTIFIER TITLE: CERTIFYING PHYSICIAN			
	CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 155 HOSPITAL DR., LAFAYETTE, LA 70503 UNITED STATES			
	BURIAL TRANSIT PERMIT 540610	PARISH OF ISSUE ORLEANS	DATE OF ISSUE 07/18/2023	DATE FILED WITH REGISTRAR 8/1/2023
REGISTRAR	SIGNATURE OF REGISTRAR [Signature]			

ISSUED BY: Babin, Leah F

Issued On: 8/4/2023 3:06:18 PM



A REPRODUCTION OF THIS DOCUMENT IS VOID AND INVALID. DO NOT ACCEPT.

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

Devin George
DEVIN GEORGE
STATE REGISTRAR