

APN: 004-410-03

Please Send Tax Statement To:

James M. Kline  
% Vicki J. Joy  
123 Hood Dr.  
Dayton, NV 89403

EUREKA COUNTY, NV	<b>2023-251369</b>
Rec:\$37.00	
\$37.00 Pgs=3	<b>12/29/2023 02:39 PM</b>
STEWART TITLE ELKO	
KATHERINE J. BOWLING, CLERK RECORDER	

Recording Requested By:

Stewart Title Company  
810 Idaho Street  
Elko, NV 89801  
21955 →

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA        )  
  : ss.  
COUNTY OF ELKO        )

ROBERT J. WINES, being first duly sworn, deposes and says:

That Affiant is the attorney for VICKI J. JOY, Personal Representative of the Estate of JAMES M. KLINE; JAMES M. KLINE was the surviving Grantee in that certain Deed wherein PATRICIA SUZANNE PRIMEAUX, an unmarried woman, was Grantor, and JAMES M. KLINE and HELEN M. KLINE, taking title as Joint Tenants with Right of Survivorship, were Grantees; the original Deed was a large parcel of land situate in the County of Eureka, State of Nevada; this parcel has been divided by JAMES M. KLINE and HELEN M. KLINE; the remaining portion of the property which has not been subsequently conveyed is more particularly described as follows:

Parcel No. 3 as shown on that certain Parcel Map for JAMES M. KLINE and HELEN M. KLINE, recorded September 21, 1998, as Document No. 170683, Official Records, Eureka County, Nevada Recorder's Office, being a portion of Section 14, Township 32 North, Range 50 East, M.D.B.&M.

TOGETHER WITH any and all buildings and improvements situate thereon including a converted manufactured home a 1997 Guerdon manufactured home, SN: GDB0ID139710377AB, situate thereon.

TOGETHER WITH the tenements, hereditament and appurtenances thereunto belonging or in anywise appertaining, the reversion or reversions, remainders, rents, issues and profits thereof.

SUBJECT TO all exceptions, reservations, restrictions, restrictive covenants, assessments, easements, rights and rights of way of record.

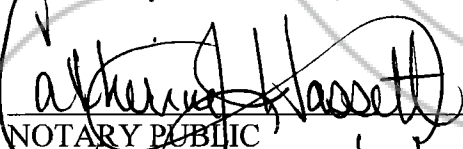
That said original Deed creating the Joint Tenancy was recorded on March 12, 1996, in Book 294, at Page 189, Document No. 161698 Official Records of Eureka County Recorder's Office.

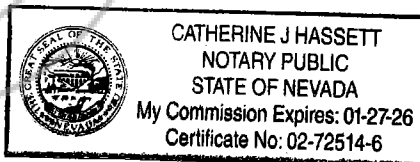
That said HELEN M. KLINE, one of the Grantees named in the aforesaid Deed, died in the County of Elko, State of Nevada, on March 9, 2014, and is the identical person named as HELEN MARIE KLINE in that Certificate of Death, duly certified, attached hereto; that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

FURTHER AFFIANT SAITH NOT.

  
\_\_\_\_\_  
ROBERT J. WINES

SUBSCRIBED AND SWORN TO  
before me, by ROBERT J. WINES  
this 29<sup>th</sup> day of December, 2023.

  
\_\_\_\_\_  
NOTARY PUBLIC  
Commission Expires: 1/27/26



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF HEALTH  
VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2014004824**

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 LEAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST SUFFIX) <b>Helen Marie KLINE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 09, 2014</b>		3a. COUNTY OF DEATH <b>Elko</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Elko</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>Highland Manor of Elko</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Nursing Home</b>	
4. SEX <b>Female</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) <b>86</b>		7b. UNDER 1 YEAR MOS: DAYS		7c. UNDER 1 DAY HOURS: MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 24, 1927</b>		9a. STATE OF BIRTH (if not U.S.A. name country) <b>Idaho</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>James KLINE</b>	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Waitress</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Carlin</b>	
15d. STREET AND NUMBER <b>Primeaux Canyon Road #3</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>James Alber COLE</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lena Margarite BYNINGTON</b>		18a. INFORMANT - NAME (Type or Print) <b>James KLINE</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>PO BOX 553 Carlin, Nevada 89822</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'S SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>298</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b> 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) <b>STEVEN LANGAN PHILLIPS M.D.</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>March 20, 2014</b>		21c. HOUR OF DEATH <b>11:10</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Phillips, Steven Langan</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Steven Langan Phillips M.D. 5250 Neil Rd. #201 Reno, NV 89502</b>	
23b. LICENSE NUMBER <b>8596</b>		24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 31, 2014</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>Cardiac Arrest</b>		Interval between onset and death <b>Minutes</b>	
		(b) <b>Atherosclerotic Heart Disease</b>		Interval between onset and death <b>Years</b>	
		(c) <b>Hypertension</b>		Interval between onset and death <b>Years</b>	
		(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 I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a. ACC., SUICIDE, HOMICIDE, 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	

STATE REGISTRAR

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: **04/01/2014**

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

