

APN: 3-101-08  
Recording requested by and mail documents and tax statements to:

Name: Carmella M. Randolph

Address: 1440 MURRY ST

City/State/Zip: ELY, NV 89301

AFF111mk  
Nevada Legal Forms & Services  
www.nevadalegalforms.com

EUREKA COUNTY, NV  
Rec:\$37.00  
\$37.00 Pgs=3  
HCL HOLDINGS LLC  
KATHERINE J. BOWLING, CLERK RECORDER

2024-251624

01/16/2024 09:30 AM

## AFFIDAVIT-TERMINATION OF JOINT TENANT

### Death of a Joint Tenant

I/We, Carmella M. Randolph, the Affiant(s) and of being of legal age, and being first duly sworn, deposes and says:

That Norman S Randolph, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,

Norman S. Randolph named as one of the parties in that certain (type of deed) Joint Tenancy Deed, dated October 21, 1997

and executed by Cattlemen's Title Guarantee Company

known as Grantor(s), to Norman S Randolph and Carmella M. Randolph, husband and wife

as Joint Tenants, and recorded on February 17, 1998, as Instrument Number 169759, in Book 318, of Official Records of Eureka

County, Nevada, covering the following described property situated in the City of Crescent Valley County of Eureka, State of Nevada. (Set forth commonly known address and legal description)

Commonly Known Address: 402 N 9th St, Crescent Valley, NV 89821

**Legal Description:**

LOT 5, BLOCK 13, CRESCENT VALLEY RANCH and FARMS UINT 4, As Recorded APN #3-101-08

Affiant finally states that more than forty (40) days have passed since the death of the decedent as evidenced by a Certified copy of the death certificate attached hereto.

Excepting therefrom the mobile home or manufactured housing unit and appurtenances, if any, located on said land.

In Witness Whereof, I/We have hereunto set my/our hand(s) this 12 day of January 20 24.

Carmella Randolph  
Signature

Carmella Randolph  
Print or type name here

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or type name here

STATE OF Nevada )

COUNTY OF White Pine )

On this 12 day of January, 20 24, personally appeared before me, a Notary Public, Carmella M. Randolph

personally known to me OR  proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that he/she/they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Megan Loveless  
Notary Public  
My commission expires: Sept. 20, 2027



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

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

CASE FILE NO. 4316767

**CERTIFICATE OF DEATH**

2022026599  
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) Norman S RANDOLPH		2. DATE OF DEATH (Mo/Day/Year) November 05, 2022		3a. COUNTY OF DEATH White Pine	
3b. CITY, TOWN, OR LOCATION OF DEATH Ely		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street address and number) William Bee Ririe Hospital		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 94		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 24, 1928		9a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Carmella GINNATTASSIO	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
CORRECTION OFFICER		State Prison		Ever In US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY White Pine		15c. CITY, TOWN OR LOCATION Ely	
15d. STREET AND NUMBER 1440 Murry Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) OJ RANDOLPH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Odessa BALLARD		
18a. INFORMANT- NAME (Type or Print) Carmella RANDOLPH			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1440 Murry Street Ely, Nevada 89301		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Ely City Cemetery		19c. LOCATION City or Town State Ely Nevada 89301	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NICOLE ROMERO SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD101		20c. NAME AND ADDRESS OF FACILITY Mt. Vista Chapel PO BOX 151707 Ely NV 89315	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED GARY M SEIGEL MD					
21b. DATE SIGNED (Mo/Day/Yr) November 10, 2022		21c. HOUR OF DEATH 09:02		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)		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) Gary M Seigel MD 6 Steptoe Circle Ely, NV 89301				23b. LICENSE NUMBER 11361	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 14, 2022		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				Interval between onset and death	
(a) Cerebral Vascular Accident DUE TO, OR AS A CONSEQUENCE OF:				2 Hours	
(b) Hypertension DUE TO, OR AS A CONSEQUENCE OF:				10 Years	
(c) _____ DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) _____ DUE TO, OR AS A CONSEQUENCE OF:				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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOM., 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.

*Scott Spangler*

DATE ISSUED:

11/15/2022

STATE REGISTRAR

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

