

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  
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EUREKA COUNTY, NV

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\$37.00

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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 UNIT 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) <b>Norman S RANDOLPH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 05, 2022</b>		3a. COUNTY OF DEATH <b>White Pine</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Ely</b>		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street address and number) <b>William Bee Ririe Hospital</b>		3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. <b>Emergency Room / Outpatient</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>94</b>	
8a. STATE OF BIRTH (If not US/CA, name country) <b>Oklahoma</b>		8b. CITIZEN OF WHAT COUNTRY <b>United States</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 24, 1928</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>CORRECTION OFFICER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>State Prison</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>White Pine</b>		15c. CITY, TOWN OR LOCATION <b>Ely</b>	
15d. STREET AND NUMBER <b>1440 Murry Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever In US Armed Forces? <b>Yes</b>	
18. FATHER/PARENT - NAME (First Middle Last Suffix) <b>OJ RANDOLPH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Odessa BALLARD</b>		
18a. INFORMANT- NAME (Type or Print) <b>Carmella RANDOLPH</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1440 Murry Street Ely, Nevada 89301</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Ely City Cemetery</b>		19c. LOCATION City or Town State <b>Ely Nevada 89301</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NICOLE ROMERO</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD101</b>		20c. NAME AND ADDRESS OF FACILITY <b>Mt. Vista Chapel</b> <b>PO BOX 151707 Ely NV 89315</b>	
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>GARY M SEIGEL MD</b> <b>SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>November 10, 2022</b>		21c. HOUR OF DEATH <b>09:02</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)		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>Gary M Seigel MD 6 Steptoe Circle Ely, NV 89301</b>				23b. LICENSE NUMBER <b>11361</b>	
24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 14, 2022</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Cerebral Vascular Accident</b>				Interval between onset and death <b>2 Hours</b>	
(b) <b>Hypertension</b>				Interval between onset and death <b>10 Years</b>	
(c) <b></b>				Interval between onset and death <b></b>	
(d) <b></b>				Interval between onset and death <b></b>	
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) <b>No</b>	
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**

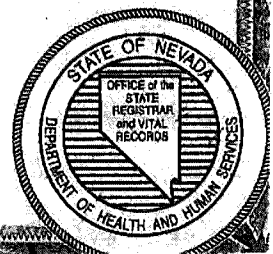
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

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.



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE