

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

ASSESSOR'S PARCEL NO. (APN#): 002 - 036 - 04

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: Lonnie Supanchick
Address: 371 3rd St
City/State/Zip: CRESCENT VALLEY NV 89821

EUREKA COUNTY, NV
LAND-TJT
Rec: \$37.00
Total: \$37.00
LONNIE SUPANCHICK

2024-251657
02/08/2024 04:01 PM
Pgs=2



KATHERINE J. BOWLING, CLERK RECORDER

I, Lonnie Supanchick, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That KAREN M. DEYOUNG, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as KAREN M. DeYoung
(Deceased Name as shown on Deed)

named as one of the parties in that certain Quitclaim Deed Creating Joint Tenancy
(Type of Document) Doc # 0225103
dated on the 18 day of October, 2013, and executed by Lonnie Supanchick, known as "Grantor(s)" to KAREN M. DeYoung/Lonnie Supanchick
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 0225103, on the
29 day of October, 2013, in book 556 Pg 344, of Official Records of
EUREKA County, Nevada, covering the following described property situated in the City of
CRESCENT VALLEY NV, County of EUREKA, State of Nevada.
(Set forth legal description and commonly known street address, if known)

371 3rd St CRESCENT VALLEY, NV. 89821
CUR & F Unit #1
lot 6
Block 14

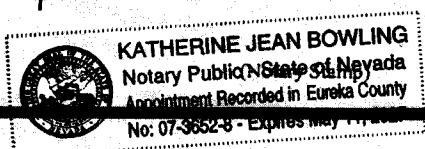
That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ _____

In witness Whereof, I/We have hereunto set my hand/our hands this 8 day of Feb, 20 24

Lonnie Supanchick (Signature)
Lonnie Supanchick (Print or type name here)

STATE OF NEVADA)
COUNTY OF EUREKA)
This instrument was acknowledged before me on (date) February 8, 2024
By (person(s) appearing before notary public) Lonnie Supanchick

Kathy Bowling
(Notary Public)
My Commission expires: May 11, 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. 4131419

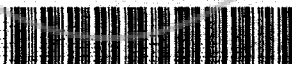
CERTIFICATE OF DEATH

2020004262

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Karen Marie DEYOUNG		2. DATE OF DEATH (Mo/Day/Year) February 24, 2020		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 and number) 371 3rd Street		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 72	
	7b. UNDER 1 YEAR MO		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MIN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) September 27, 1947		9a. STATE OF BIRTH (if not US/CA name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 16		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) TEACHER		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley	
DISPOSITION	15d. STREET AND NUMBER 371 3rd Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) William Thomas NORDLIND	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anges Karen OLSON		18a. INFORMANT- NAME (Type or Print) Lonnie SUPANCHICK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 371 3rd Street Crescent Valley, Nevada 89821	
TRADE CALL	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	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JESSE J WATTS SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) March 03, 2020		21c. HOUR OF DEATH 18:47	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. To be Completed by CORONER'S OFFICE 22b. DATE SIGNED (Mo/Day/Yr) February 24, 2020		22c. HOUR OF DEATH 18:47	
REGISTRAR	22d. PRONOUNCED DEAD (Mo/Day/Yr) February 24, 2020		22e. PRONOUNCED DEAD AT (Hour) 18:47		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sheriff Jesse J Watts PO Box 736 Eureka, NV 89316	
	23b. LICENSE NUMBER		24a. REGISTRAR (Signature): SKYE E MORELAND SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 03, 2020	
CAUSE OF DEATH	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) Acute Myocardial Infarction		Interval between onset and death	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive Heart Failure		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (c) Unknown Etiology		Interval between onset and death		Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (d) Esophageal Cancer		Interval between onset and death		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) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
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		

Information Corrected, State Affidavit # 71026, 05/30/2020 - 16b 18c 17b 17c



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 Registrar and Vital Records.

DATE ISSUED:

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

