

**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



00019632202402516570020028

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)

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)

(Signature)

(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

(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

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

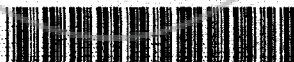
REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) 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	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
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)	
13. SOCIAL SECURITY NUMBER [REDACTED]		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	
15d. STREET AND NUMBER 371 3rd Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. Ever in US Armed Forces? No	
17. 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) Lonnies SUPANCHICK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 371 3rd Street Crescent Valley, Nevada 89821			
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	
TRADE CALL - NAME AND ADDRESS					
21a. To Be Completed by CERTIFYING PHYSICIAN 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			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) JESSE J WATTS SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) March 03, 2020		21c. HOUR OF DEATH 18:47		22b. DATE SIGNED (Mo/Day/Yr) February 24, 2020	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Sheriff Jesse J Watts		21e. HOUR OF DEATH 18:47		22c. 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		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	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Congestive Heart Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Unknown Etiology				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Esophageal Cancer				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 16c 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

