

APN: 002-021-15
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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HCL HOLDINGS LLC

KATHERINE J. BOWLING, CLERK RECORDER

2024-251663

02/09/2024 11:52 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 March 29, 2010

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 March 29, 2010, as Instrument
Number 0214933, in Book 499, 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: 2293 LANDER AVENUE CRESCENT VALLEY, NV

Legal Description:

Block 6 Lot 1, Crescent Valley Ranch and Farms, Unit 1 Section 5 Township 29 N. Range 48 E.

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 9 day of February, 2024.

Carmella M. Randolph
Signature

Signature

CARMELLA RANDOLPH
Print or type name here

Print or type name here

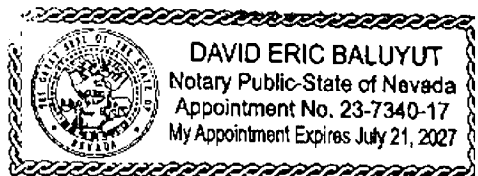
STATE OF Nevada)
COUNTY OF White Pine)

On this 09 day of February, 2024, personally appeared before me,
Carmella M. Randolph
a Notary Public, _____

☐ 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.

David Baluyut
Notary Public

My commission expires: 07-21-2027



(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		3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Emergency Room / Outpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 94	
8a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		8b. CITIZEN OF WHAT COUNTRY United States		8. DATE OF BIRTH (Mo/Day/Yr) July 24, 1928	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) CORRECTION OFFICER		14b. KIND OF BUSINESS OR INDUSTRY State Prison	
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		15f. Ever In US Armed Forces? Yes	
18. 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) GARY M SEIGEL MD SIGNATURE AUTHENTICATED					
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	
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		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
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					
(a) Cerebral Vascular Accident Interval between onset and death 2 Hours					
(b) Hypertension Interval between onset and death 10 Years					
(c) [REDACTED] Interval between onset and death					
(d) [REDACTED] 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	
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

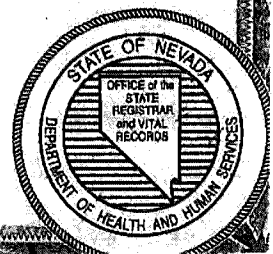
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

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