

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

ASSESSOR'S PARCEL NO. (APN#): 007-392-03

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: Jana Rowe
Address: PO Box 872
City/State/Zip: Eureka, NV 89316

EUREKA COUNTY, NV
LAND-TJT
Rec:\$37.00
Total:\$37.00
JANA ROWE

2024-251907
04/01/2024 12:08 PM
Pgs=2



00019925202402519070020023
KATHERINE J. BOWLING, CLERK RECORDER

I, Jana Rowe, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That Stephen Rowe (Deceased Name as shown on Death Certificate), the decedent mentioned in the

attached certified copy Certificate of Death, is the same person as Stephen Rowe (Deceased Name as shown on Deed)

named as one of the parties in that certain Grant, Bargain, Sale Deed (Type of Document)

dated on the 10th day of June, 2019, and executed by David Pastorino, known as "Grantor(s)" to Jana L Rowe and Stephen Rowe known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. ~~938275~~ on the 1st day of October, 1984, in book 96029 of Official Records of Eureka County, Nevada, covering the following described property situated in the City of Eureka, County of Eureka, State of Nevada.
(Set forth legal description and commonly known street address, if known)

Lot 4 as shown on that certain Parcel Map for E and R INC. filed in the office of the County Recorder of Eureka County, State of Nevada, on October 1, 1984, as File No. 96029, being a portion of Parcel "G" of the Large Division Map of E1/2 Section 17, TOWNSHIP 20 NORTH, RANGE 53 EAST, M.D.B.&M.

EXCEPTING THEREFROM all the oil and gas lying in and under said land as reserved by the U.S.A., in Patent recorded April 15, 1966, in Book 10, Page 331, Official Records, Eureka County, Nevada.

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 \$ 60,000.00.

In witness Whereof, I/We have hereunto set my hand/our hands this 1st day of April, 2024

Jana L Rowe
(Signature) _____
Jana L Rowe
(Print or type name here)

(Signature) _____
(Print or type name here)

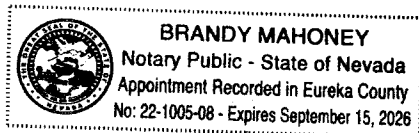
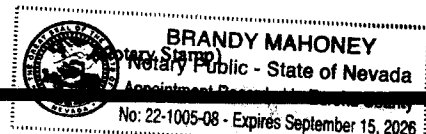
STATE OF NEVADA)

COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) 04/01/2024

By (person(s) appearing before notary public) BRANDY MAHONEY

Br Mahoney
(Notary Public)
My Commission expires: SEPT 15, 2026



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 3891870

2016008070
STATE FILE NUMBER

| | | | | | | |
|--|--|---|--|---|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Stephen ROWE | | 2. DATE OF DEATH (Mo/Day/Year) May 01, 2016 | | 3a. COUNTY OF DEATH Clark | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient(Specify)) 6997 Pinebrook Court Home | | 4. SEX Male | |
| DECEDENT | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No -Non-Hispanic | | 7a. AGE-Last birthday (Years) 78 | |
| | 7b. UNDER 1 YEAR MOS DAYS HOURS MINS | | 7c. UNDER 1 DAY MOS DAYS HOURS MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) July 03, 1937 | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 9a. STATE OF BIRTH (If not US/CA, name country) Michigan | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 12 | |
| | 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) Electrician | | 14b. KIND OF BUSINESS OR INDUSTRY Electrician | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Clark | | 15c. CITY, TOWN OR LOCATION Las Vegas | |
| TRADE CALL | 15d. STREET AND NUMBER 6997 Pinebrook Court | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Stephen ROWE | |
| | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jennie M HENDREN | | 18a. INFORMANT- NAME (Type or Print) Stephen ROWE | | | |
| DISPOSITION | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 6997 Pinebrook Court Las Vegas, Nevada 89147 | | | | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Anatomical Donation/Cremation | |
| | 19b. CEMETERY OR CREMATORY - NAME Paradise Valley Crematory | | 19c. LOCATION City or Town State Las Vegas Nevada 89119 | | | |
| TRADE CALL | 20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) ALLEN KOPP SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR OF LICENSE NUMBER 772 | | 20c. NAME AND ADDRESS OF FACILITY Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119 | |
| | 21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) CRAIG M JORGENSEN M.D. SIGNATURE AUTHENTICATED | | | | | |
| CERTIFIER | 21b. DATE SIGNED (Mo/Day/Yr) May 03, 2016 | | 21c. HOUR OF DEATH 20:23 | | | |
| | 22a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22b. DATE SIGNED (Mo/Day/Yr) | | 22c. HOUR OF DEATH | |
| REGISTRAR | 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) Craig M Jorgenson-M.D. 6330 S Jones Blvd Las Vegas, NV 89118 | | | | 23b. LICENSE NUMBER 9529 | |
| CAUSE OF DEATH | 24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 04, 2016 | | 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).) | | | | | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | PART I (a) Liver Cancer | | Interval between onset and death Months | | | |
| | (b) DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | | |
| (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) 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 | | |

LOCAL REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



282485

DATE ISSUED: **JUL 12 2016**
Registrar of Vital Statistics
[Signature]



This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-015173