

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

ASSESSOR'S PARCEL NO. (APN#): 001-093-03

EUREKA COUNTY, NV  
LAND-TJT  
Rec:\$37.00  
Total:\$37.00  
LYNN BUNDY

**2024-252945**  
07/30/2024 03:31 PM  
Pgs=2



00021025202402529450020027  
KATHERINE J. BOWLING, CLERK RECORDER

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO  
Name: Lynn Bundy  
Address: PO Box 888 CB 833  
City/State/Zip: Eureka, NV 89316

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

attached certified copy Certificate of Death, is the same person as Dennis Bundy  
(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 30 day of July, 2024, and executed by  
Lynn Bundy, known as "Grantor(s)" to Kathleen Bundy / Lynn Bundy  
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 192879, on the  
30 day of July, 2024, in book 39795, 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 576 Block 57  
71 N Edwards, Eureka, NV 89316

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 \$ Taxable Value 49,469.

In witness Whereof, I/We have hereunto set my hand/our hands this 30 day of July, 2024  
Lynn Bundy (Signature) \_\_\_\_\_ (Signature) \_\_\_\_\_  
Lynn Bundy (Print or type name here) \_\_\_\_\_ (Print or type name here) \_\_\_\_\_

STATE OF NEVADA )  
COUNTY OF EUREKA )  
This instrument was acknowledged before me on (date) July 30, 2024

By (person(s) appearing before notary public) Lynn Bundy  
Katherine Bowling (Notary Public)  
My Commission expires: May 11, 2027

KATHERINE JEAN BOWLING  
Notary Public - State of Nevada  
No: 07-3652-8 - 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. 4423106

**CERTIFICATE OF DEATH**

2024015679  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RECORDS IT9888

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>Dennis Rey BUNDY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 08, 2024</b>		3a. COUNTY OF DEATH <b>Eureka</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Eureka</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>71 North Edwards Street</b>		3d. If Hosp. or Inst. Indicate DOA,OP,Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>75</b>		7b. UNDER 1 YEAR MOSES <b>7</b>		7c. UNDER 1 DAY HOURS MINS <b>00 00</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 25, 1948</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>	
10. EDUCATION <b>11</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Supervisor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Government</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Eureka</b>	
15d. STREET AND NUMBER <b>71 North Edwards Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ray BUNDY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Quincy HALLS</b>		
18a. INFORMANT - NAME (Type or Print) <b>Lynn BUNDY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>607 Sharrow Circle Drive Eureka, Nevada 89316</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eureka City Cemetery</b>		19c. LOCATION City or Town State <b>Eureka Nevada 89316</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD298</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b> <b>PO BOX 689 Elko NV 89803</b>	
TRADE CALL - NAME AND ADDRESS					
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>CELESTINE Q HERNANDEZ MD</b> 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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>July 16, 2024</b>		21c. HOUR OF DEATH <b>20:13</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Celestine Q Hernandez MD 2620 Ruby Vista Dr Elko, NV 89801</b>			
23b. LICENSE NUMBER <b>8882</b>		24a. REGISTRAR (Signature) <b>ANNAH M HOWARD</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 16, 2024</b>	
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) <b>Cardiorespiratory Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Malignant Neoplasm Of Unspecified Part Of Lung</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Malignant Neoplasm Of Head, Face And Neck</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Chronic Obstructive Pulmonary Disease</b>			
26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify) <b>NATURAL</b>	
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.

*Cody Thinsy*

DATE ISSUED: 7/18/2024

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

