

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

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

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Lynn Bundy
Address: PO Box 888 CB 833
City/State/Zip: Eureka, NV 89316

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

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 397 p 5, 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 546 Block 57

71 N Edwards St, 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)

Lynn Bundy
(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) July 30, 2024

By (person(s) appearing before notary public) Lynn Bundy

Katherine Jean Bowling
(Notary Public)
My Commission expires: May 11, 2027



KATHERINE JEAN BOWLING
Notary Public - State of Nevada
My Commission Expires: May 11, 2027
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	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Dennis Rey BUNDY										2. DATE OF DEATH (Mo/Day/Year) July 08, 2024		3a. COUNTY OF DEATH Eureka	
	3b. CITY, TOWN, OR LOCATION OF DEATH Eureka				3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or number) 71 North Edwards Street				3d. If Hosp. or Inst. Indicate DOA, CP, Emer. Rm. Inpatient (Specify) Home		4. SEX Male			
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 75		7b. UNDER 1 YEAR MO DAYS HOURS MIN		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) November 25, 1948			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RECORDS IT2689	9a. STATE OF BIRTH (If not USCA, name country) Nevada				9b. CITIZEN OF WHAT COUNTRY UNITED STATES		10. EDUCATION 11		11. MARITAL STATUS (Specify) Widowed		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)				14b. KIND OF BUSINESS OR INDUSTRY		Ever in US Armed Forces? Yes			
	15a. RESIDENCE - STATE Nevada				15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		15d. STREET AND NUMBER 71 North Edwards Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Ray BUNDY						17. MOTHER/PARENT - NAME (First Middle Last Suffix) Quincy HALLS							
	18a. INFORMANT - NAME (Type or Print) Lynn BUNDY						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 607 Sharrow Circle Drive Eureka, Nevada 89316							
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial				19b. CEMETERY OR CREMATORY - NAME Eureka City Cemetery				19c. LOCATION City or Town State Eureka Nevada 89316					
	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	TRADE CALL - NAME AND ADDRESS													
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CELESTINE Q. HERNANDEZ MD SIGNATURE AUTHENTICATED</p> <p>21b. DATE SIGNED (Mo/Day/Yr) July 16, 2024</p> <p>21c. HOUR OF DEATH 20:13</p> <p>21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p> </div> <div style="width: 48%;"> <p>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)</p> <p>22b. DATE SIGNED (Mo/Day/Yr)</p> <p>22c. HOUR OF DEATH</p> <p>22d. PRONOUNCED DEAD (Mo/Day/Yr)</p> <p>22e. PRONOUNCED DEAD AT (Hour)</p> </div> </div>													
CERTIFIER	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Celestine Q Hernandez MD 2620 Ruby Vista Dr Elko, NV 89801										23b. LICENSE NUMBER 8882			
	24a. REGISTRAR (Signature) ANNAH M HOWARD SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 16, 2024		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)													
	<div style="display: flex;"> <div style="width: 10%;"> <p>PART I</p> <p>(a) Cardiorespiratory Arrest</p> <p>(b) Malignant Neoplasm Of Unspecified Part Of Lung</p> <p>(c) Malignant Neoplasm Of Head, Face And Neck</p> <p>(d) Chronic Obstructive Pulmonary Disease</p> </div> <div style="width: 90%;"> <p>DUE TO, OR AS A CONSEQUENCE OF</p> <p>DUE TO, OR AS A CONSEQUENCE OF</p> <p>DUE TO, OR AS A CONSEQUENCE OF</p> <p>DUE TO, OR AS A CONSEQUENCE OF</p> </div> </div>													
CAUSE OF 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) No	
	28a. ACC. SUICIDE, ROM, UNDET. OR PENDING INVEST. (Specify) NATURAL		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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.		28h. CITY OR TOWN CITY OR TOWN		28i. STATE 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:

STATE REGISTRAR

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

