

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

ASSESSOR'S PARCEL NO. (APN#): 05-500-15

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: Asa Elmond Merry Jr.
Address: 542 Triple Crown Court
City/State/Zip: Oakdale, CA 95361

EUREKA COUNTY, NV

LAND-TJT

Rec:\$37.00

Total:\$37.00

ASA ELMOND MERRY JR

2024-253179

10/03/2024 03:18 PM

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KATHERINE J. BOWLING, CLERK RECORDER

I, Asa E Merry Jr., the Affiant, being of legal age, and being first duly sworn,
deposes and says:

That Barbara June Merry, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

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

named as one of the parties in that certain Deed
(Type of Document)

dated on the 23rd day of May, 1990, and executed by
Ron Jones, known as "Grantor(s)" to Asa E Merry Jr and Barbara Merry

known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 144867, on the
8th day of March, 1993, in book 246 pg 104, 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 legal description and commonly known street address, if known)

Township 29 North, Range 49 East, M D B & M
Section 7: NW4, SW4, NE4
see Exhibit A attached.

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 11 day of Sept, 2024

Asa E Merry Jr
(Signature)
ASA E Merry Jr
(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) _____

***See attached notary certificate**

By (person(s) appearing before notary public) _____

(Notary Public)
My Commission expires: _____

(Notary Stamp)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Stanislaus

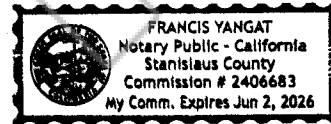
On September 11, 2024 before me, Francis Yangat, Notary Public
(insert name and title of the officer)

personally appeared Asa E. Mevva, Jr.,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature] (Seal)



W I T N E S S E T H:

For valuable consideration received, Grantor does by these presents grant, bargain and sell unto said Grantee and to his heirs and assigns forever, all that certain real property situate in the County of Eureka, State of Nevada that is described as follows:

Township 29 North, Range 49 East, M D B & M
Section 7: NW4 SW4 NE4

RESERVING UNTO GRANTOR, its successors and assigns, for roadway, transmission and utility purposes, a perimeter easement of thirty (30) feet in width measured inward from, and the interior boundary of said easement running parallel to, each of the exterior boundaries of the property herein described.

SUBJECT TO taxes for the present fiscal year, and subsequently; covenants, conditions, restrictions, exceptions and reservations, easements, encumbrances, leases or licenses, rights and rights of way of record, if any.

RESERVING UNTO Grantor, its successors and assigns, all remaining mineral rights, of every kind and description.

RESERVING UNTO Grantor, its successors and assigns, all remaining geothermal rights, of every kind and description.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the revision and revisions, ~~remainder and remainders, rents, issues and profits thereof.~~

TO HAVE AND TO HOLD said premises, together with the appurtenances, unto said Grantee and his heirs and assigns forever.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

HEALTH SERVICES AGENCY STANISLAUS COUNTY PUBLIC HEALTH DIVISION

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS						LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) BARBARA			2. MIDDLE JUNE			3. LAST (FAMILY) MERRY			
4. DATE OF BIRTH M/M/D/C/YY 03/11/1943		5. AGE, YRS 58		6. SEX F		7. DATE OF DEATH M/M/DD/C/YY 02/23/2002		8. HOUR 1630	
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 12	
14. RACE CAUCASIAN			15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER SELF EMPLOYED		19. YEARS IN OCCUPATION 40	
17. OCCUPATION HOMEMAKER			18. KIND OF BUSINESS OWN HOME						
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 6718 STODDARD RD.									
21. CITY OAKDALE			22. COUNTY STANISLAUS		23. ZIP CODE 95361		24. YRS IN COUNTY 50	25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP ASA MERRY JR. — HUSBAND									
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 6718 STODDARD RD., OAKDALE, CA 95361									
28. NAME OF SURVIVING SPOUSE—FIRST ASA			29. MIDDLE E.		30. LAST (MAIDEN NAME) MERRY JR.				
31. NAME OF FATHER—FIRST BILLY			32. MIDDLE -		33. LAST ABEL				
35. NAME OF MOTHER—FIRST WANDA			36. MIDDLE -		37. LAST (MAIDEN) MORELAND		38. BIRTH STATE CA		
39. DATE M/M/DD/C/YY 02/28/2002			40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF SANTA CLARA COUNTY						
41. TYPE OF DISPOSITION(S) CR/SEA			42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO. -		
44. NAME OF FUNERAL DIRECTOR LAKEWOOD FUNERAL HOME			45. LICENSE NO. FD 1392		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE M/M/DD/C/YY 02/28/2002		
101. PLACE OF DEATH MEMORIAL MEDICAL CENTER			102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. ROOM <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY STANISLAUS		
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1700 COFFEE RD			106. CITY MODESTO						
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)									
IMMEDIATE CAUSE (A) RESPIRATORY FAILURE			TIME INTERVAL BETWEEN ONSET AND DEATH 24 HRS		109. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 1190				
DUE TO (B) INTRA ABDOMINAL CANCER			2 MONS.		110. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
DUE TO (C)					110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DUE TO (D)					111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO				
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE									
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO									
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT LAST SEEN ALIVE M/M/DD/C/YY 09/11/2001			115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			116. LICENSE NO. A 65277		117. DATE M/M/DD/C/YY 02/28/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS; ZIP ROBERT LYNCH II MD., 3309 SIERRA AVE., RIVERBANK, CA 95367			120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/C/YY		122. HOUR		123. PLACE OF INJURY
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):						
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)									
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>			127. DATE M/M/DD/C/YY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER				
STATE REGISTRAR		A		B		C		D	
		E		F		G		H	
						FAX AUTH. #		CENSUS TRACT	
						97225			

277917

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

[Signature]
JOHN WALKER, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED
03 / 05 / 2002

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

