

APN: 002-039-25

Mail Tax Statements to:

Patricia A. Leppala
479 Fourth Street
Crescent Valley, Nevada 89821

When Recorded Return to:

GERBER LAW OFFICES, LLP
491 4th Street
Elko, Nevada 89801

EUREKA COUNTY, NV
LAND-TJT
Rec:\$37.00
Total:\$37.00
PATRICIA A LEPPALA

2024-253217
10/17/2024 01:43 PM
Pgs=4

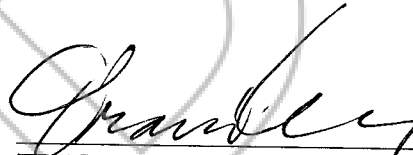


00021333202402532170040041

KATHERINE J. BOWLING, CLERK RECORDER

AFFIDAVIT TERMINATING JOINT TENANCY

I, the undersigned, hereby affirm that this document submitted for recording **does** contain a Social Security number of at least one person, as required by law. Legal requirement cited in the following specific statute: NRS 440.380(1)(a).



TRAVIS W. GERBER, ESQ.

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AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 :ss.
COUNTY OF ELKO)

PATRICIA A. LEPPALA, being duly sworn according to law and under penalty of perjury, deposes and says:

1. That PATRICIA A. LEPPALA was the surviving joint tenant in and to the property hereinafter described.

2. That WILLIAM B. LEPPALA and PATRICIA A. LEPPALA acquired the following described property as joint tenants with right of survivorship, by that certain Grant, Bargain and Sale Deed, dated June 28, 1996, which is recorded in Book 299, Pages 282-284, on July 29, 1996, as File No. 164228, in the records of the Eureka County Recorder, Eureka County, Nevada, said property being more particularly described as follows:

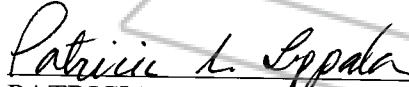
Lot 5, Block 23, of CRESCENT VALLEY RANCH AND FARMS, INC., UNIT NO. 1, according to the official map thereof, filed in the office of the County Recorder of Eureka County on April 6, 1959, as File No. 34081.

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom lying in and under said land as reserved by SOUTHERN PACIFIC LAND COMPANY in Deed recorded in Book 64, Page 313, Deed Records, Lander County, Nevada, and in Book 24, Page 168, Deed Records, Eureka County, Nevada.

SUBJECT TO any and all exceptions, reservations, restrictions, restrictive covenants, assessments, easements, rights, and rights of way of record.

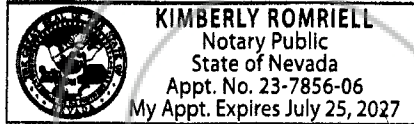
3. That WILLIAM B. LEPPALA, being one of the persons described in the foregoing described Deed as grantee and joint tenant, died in Eureka County, Nevada, on January 29, 2023. A certified copy of the Death Certificate of said Decedent is attached to this Affidavit as Exhibit "A" and made a part hereof.

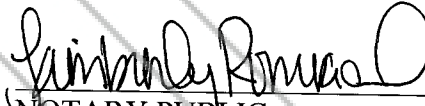
4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said WILLIAM B. LEPPALA in and to the foregoing described property, and vesting title thereto solely in PATRICIA A. LEPPALA, surviving joint tenant under the Deed.


PATRICIA A. LEPPALA

STATE OF NEVADA)
 :ss.
COUNTY OF ELKO)

On the 27th day of November, 2023, personally appeared before me, a Notary Public, PATRICIA A. LEPPALA, personally known to me or proven to me to be the person whose name is subscribed to the above instrument and who acknowledge that she executed said instrument.




NOTARY PUBLIC

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4331462

CERTIFICATE OF DEATH

2023002108
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

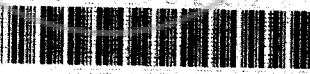
CERTIFIER

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) William Bertil LEPPALA		2. DATE OF DEATH (Mo/Day/Year) January 29, 2023		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Crescent Valley		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 475 Crescent Avenue		3e. If Hosp. or Inst. indicate DOA,OP/ Emer. Rm. Inpatient(Specify) Other Residence	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
9a. STATE OF BIRTH (If not US/CA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY MINING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley	
15d. STREET AND NUMBER 479 4th Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William LEPPALA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret LINDSAY		
18a. INFORMANT - NAME (Type, or Print) Patricia LEPPALA		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 479 4th Street Crescent Valley, Nevada 89821			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE NUMBER FD298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
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) JOHN S TKACH MD			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) January 31, 2023		21c. HOUR OF DEATH 16:59		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) John S Tkach MD 1995 Errecart Blvd Elko NV 89801					23b. LICENSE NUMBER 14538
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 03, 2023		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:				Interval between onset and death	
(a) Hepatorenal Failure				Interval between onset and death	
(b) Cirrhosis Of The Liver				Interval between onset and death	
(c) Unknown Etiology				Interval between onset and death	
(d) Unknown Etiology				Interval between onset and death	
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
28a. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
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	
				28d. DESCRIBE HOW INJURY OCCURRED.	



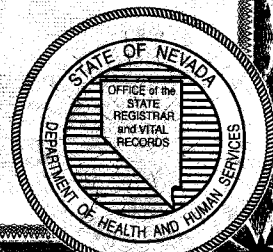
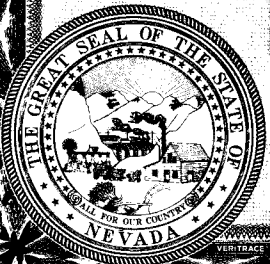
CERTIFIED COPY OF VITAL RECORDS

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE