

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 4<sup>th</sup> 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

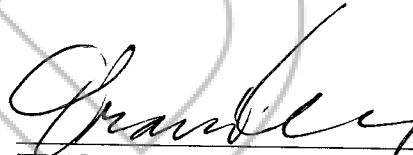


00021333202402532170040041

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:

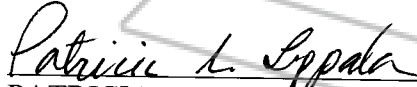
Lot 5, Block 23, of CRESCENT VALLEY RANCH AND FARMS, INC., UNIT NO. 1, according to the official map thereof, filed in the office of the County Recorder of Eureka County on April 6, 1959, as File No. 34081.

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.

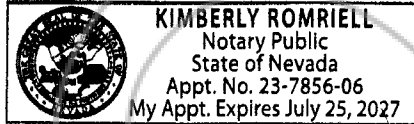
3. That WILLIAM B. LEPPALA, being one of the persons described in the foregoing described Deed as grantee and joint tenant, died in Eureka County, Nevada, on January 29, 2023. A certified copy of the Death Certificate of said Decedent is attached to this Affidavit as Exhibit "A" and made a part hereof.

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 27<sup>th</sup> 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

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>William Bertil LEPPALA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 29, 2023</b>		3a. COUNTY OF DEATH <b>Eureka</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Crescent Valley</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) <b>475 Crescent Avenue</b>		3e. If Hosp. or Inst. indicate DOA,OP/ Emer. Rm. Inpatient(Specify) <b>Other Residence</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	7a. AGE-Last birthday (Years) <b>81</b>	7b. UNDER 1 YEAR <b>MOS</b>	7c. UNDER 1 DAY <b>HOURS</b>
9a. STATE OF BIRTH (If not US/CA, name country) <b>Michigan</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	11. MARITAL STATUS (Specify) <b>Married</b>
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>MINER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>MINING</b>	
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Eureka</b>	15c. CITY, TOWN OR LOCATION <b>Crescent Valley</b>	15d. STREET AND NUMBER <b>479 4th Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William LEPPALA</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Margaret LINDSAY</b>		
18a. INFORMANT - NAME (Type, or Print) <b>Patricia LEPPALA</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>479 4th Street Crescent Valley, Nevada 89821</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sunset Crematory</b>		19c. LOCATION City or Town State <b>Elko Nevada 89803</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD298</b>	20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home 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>JOHN S TKACH MD</b>			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>January 31, 2023</b>		21c. HOUR OF DEATH <b>16:59</b>		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) <b>John S Tkach MD 1995 Errecart Blvd Elko NV 89801</b>					23b. LICENSE NUMBER <b>14538</b>
24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 03, 2023</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I: (a) <b>Hepatorenal Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Cirrhosis Of The Liver</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Unknown Etiology</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Unknown Etiology</b>				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.					26. AUTOPSY (Specify Yes or No) <b>No</b>
27a. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)		27b. DATE OF INJURY (Mo/Day/Yr)	27c. HOUR OF INJURY	27d. 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	

PARENTS

DISPOSITION

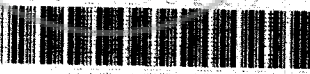
TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST



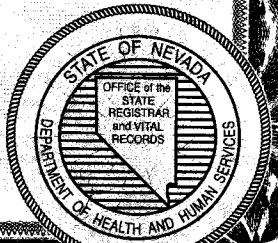
CERTIFIED COPY OF VITAL RECORDS

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