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

named as one of the parties in that certain Joint Tenancy Deed

\_day of May

ASSESSOR'S PARCEL NO. (APN#):

dated on the

Albert Snowden

Eureka

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO	00022152202402540200020020 KATHERINE J. BOWLING, CLERK
Name: Joy Snowden	\ \
Address: PO Box 316	
City/State/Zip: Eureka NV 89316	
I, Joy Snowden	, the Affiant, being of legal age, and being first duly swom,
deposes and says: Thatalbert Lee Snowden	, the decedent mentioned in the
(Deceased Name as shown on Death Centi	ficate), the decedent mentioned in the

day of

\_\_, County of

known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 0211848

007~396~30

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

JOY SNOWDEN

(Deceased Name as shown on Deed)

, 2008, in book 472/327, of Official Records of County, Nevada, covering the following described property situated in the City of

Albert Snowden and Joy Snowden

2008, and executed by

Appointment Recorded in Eureka County No. 21-0301-08 - Expires December 31, 2024

2024-254020 11/26/2024 02:59 PM

Pgs=2

LING, CLERK RECORDER

(Set forth legal description and commonly known street address,	if known)
Parcel 4C of Map File #240827	
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 S 134,779	or death, meldering the fall value of the property above described, did
	July 11
In witness Whereof, I/We have hereunto set my hand/our	hands this 26th day of November, 2024
Joy Snewden	<u> </u>
(Signatury) From Syrowden	(Signature)
(Print or type name herd)	(Print or type name here)
STATE OF NEVADA	
COUNTY OF EUREKA  This instrument was acknowledged before me on (date)  N	616
I his instrument was acknowledged before me on (date)	uvember 20 2024
By (person(s) appearing before notary public) Joy spe	241
[1332]	010
(Notary Public) My Commission expires: 12/31/24	MICHAEL ALLEN NUNN III Notary By Blate of Nevada

(Type of Document)

Eureka

May , known as "Grantor(s)" to

# **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH **VITAL STATISTICS** 

CASE FILE NO. 4419555

### **CERTIFICATE OF DEATH**

2024013693

II- DECEMBER AND			STATE FILE NUMBER				
		2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH					
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Control of the contro			June 13, 20	024	Washo	ne .
	ATH 3c. HOSPITAL OR	OTHER INSTITUTION	-Name(if not either, g	ive street an 3e.If Hosp. or	nst. indicate DOA		. SEX
Reno	mulliber)	Kings Row Re	esidence			Facility	>
5. RACE (Specify)	6. Hispan	ic Origin? Specify	7a. AGE-Last birthd	ay 7b. UNDER 1 YEAR 7c.	UNDER 1 DAY	R DATE OF BIRTH	Male (Mo/Day(Xr)
White	N N	o - Non-Hispanic	(Tears)	MOS / DAYS HO	OURS MINS	1 1	
9a. STATE OF BIRTH (If not US/CA,	96. CITIZEN OF WHAT	COUNTRY 10 EDUCA	TION 11 MARITAL STA		NG SPOUSE'S NAME	January 24	, 1941
name country) Pennsylvania		44 A	Marr	ied /	Jov Delle	HOLDCROF	Tamege)
13. SOCIAL SECURITY NUMBER			Done During Most of	14b. KIND OF BUSIN			
	Parish.	Truck Driver	,	1.5 (000,000 No. #		1-2-1	
15a. RESIDENCE - STATE 15b. COL	UNTY		OCATION 15d. ST		adi Hucking		
Nevada	Fureka	Euroka				LIMITS (	Specify Yes
16. FATHER/PARENT - NAME (First Mic		Luieka			t tit /	7%	No
	and the second of the second o		II. MOTHER	100.00		X)	- N.
		18h MAH ING AD	DDECC /Changle				
I the state of the	10 h 11	TOD. WAILING AD		4.			N
		EMETERY OR COCIA	P.O.				
Burial					- :		
	E (Ot Pareon Antina - C	17 17 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				a Nevada 8931	6
NICOLE RO	MERO		L DIRECTOF 20c. NA		the state of the s		
The real of the second of the	·		76. 1				
RADE CALL NAME AND ADDRESS T	Carchen Mandous Co.	melian And Dud-10	40.00 9.144.9. 4	POBOX	151707 Ely P	IV 89315	
21a. To the best of my knowledge	death occurred at the time	die and place and					
⊕ ⊆ to the cause(s) stated.(Signature &	k Title) SIGNATU	RE AUTHENTICAT	ER IA	e basis of examination and/or date and place and due to the	investigation, in my	opinion death occurre	<b>xd</b> /
HTANOL F	IAN C THERIOT	MD	## F	n and Ville	o cause(s) siaicu. (	Signature & Title)	
	21c. HOUR OF	The same of the sa	ਦੂ 22b. DA1	E SIGNED (Mo/Day/Yr)	22c. H0	OUR OF DEATH	· · · · · · · · · · · · · · · · · · ·
							1
21d. NAME OF ATTENDING PHYS	SICIAN IF OTHER THAN	CERTIFIER	இ 22d. PR	ONOUNCED DEAD (Mo/Da	y/Yr) 22e. PF	RONOUNCED DEAD	ÁT (Hour)
			J F°	alia g		_	,
38. NAME AND ADDRESS OF CERTIFIE	ER (PHYSICIAN, ATTENE	ING PHYSICIAN, ME	DICAL EXAMINER, OF	CORONER) (Type or Prin	nt) 23b	LICENSE NUMBER	2
4a REGISTRAR (Signatura)						DO3118	
			ALL DO BES				E DISEASE
SIC MAPPIATE OALS	SNATURE AUTHENT	CATED		une 21, 2024 🤝	YES	NO X	
PARTI End Store Los	RONLY ONE CAUSE PE	R LINE FOR (a), (b), A	ND (c).)		; !	nterval between onse	et and death
		X					`
					44 44 40	nterval between onse	and death
DUE TO, OR AS A CON:	SEQUENCE OF:		-/-/				
		Figure 1 and 1 and		* ** V	e sagari '	incival Delween Onse	n and death
DUE TO, OR AS A CONS	SEQUENCE OF:				<del></del>	ntenval between a	<del> </del>
7 7 <sub>(d)</sub> 4 4 4					ing Paga	I III VAI DEIWEEN ONSE	et and death
ART II OTHER SIGNIFICANT CONDITION	ONS-Conditions contributi	ing to death but not see	willing in the undertake				
	Someons continue	ing to ucalli but 110t res	nimis in the nucerying	g cause given in Part 1.	26. AUTOPS	27. WAS CAS	E O CORONER
No ACC SHICIDE HOLL INCOME.	FORDINGS			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Specify Yes	NO (Specify Yes	or No)
OR PENDING INVEST. (Specify)	E UP TRUURY (Mo/Day/Yr)	28c. HOUR OF INJU	RY 28d DESCRIBE	HOW INJURY OCCURRED			, 40
				F. Set ekee			
Se. INJURY AT WORK (Specify Dat DI A	CE OF IN HIDY ALL						
8e. INJURY AT WORK (Specify 28f. PLA puilding,	ACE OF INJURY- At home , etc. (Specify)	farm, street, factory,	office 28g, LOCATIO	ON STREET OR R.F.	D. No. CITY (	OR TOWN	STATE
	Albert Lee  3b. CITY, TOWN, OR LOCATION OF DE Reno  5. RACE (Specify)  White  9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania  13. SOCIAL SECURITY NUMBER  15a. RESIDENCE - STATE 15b. CO.  Nevada  16. FATHER/PARENT - NAME (First Min Floyo  18a. INFORMANT- NAME (Type or Print)  Joy Delle SNOV  19a. BURIAL, CREMATION, REMOVAL, Burial  20a. FUNERAL DIRECTOR - SIGNATURE AND ADDRESS TO SIGNATURE AND ADDRESS OF CENTIFIED OF PRINTING PHY  21b. DATE SIGNED (Mo/Day/Yr)  June 21, 2024  21d. NAME AND ADDRESS OF CERTIFIED OF PRINTING PHY  25. IMMEDIATE CAUSE (ENTER PART I (a) End-Stage Heal  DUE TO, OR AS A CONTICULATION OF DEED CONTICULATION OF TO, OR AS A CONTICULATION OF THE SIGNIFICANT CONDITION OF	Reno  5. RACE (Specify)  White  9a. STATE OF BIRTH (if not US/CA, name country)  Pennsylvania  13. SOCIAL SECURITY NUMBER  14a. USUAL OCCUPATI  15a. RESIDENCE - STATE  15b. COUNTY  Nevada  16. FATHER/PARENT - NAME (First Middle Last Suffix)  Floyd SNOWDEN  18a. INFORMANT- NAME (Type or Print)  Joy Delie SNOWDEN  19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)  19b. CI  Burial  20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as SI  NICOLE ROMERO  SIGNATURE AUTHENTICATED  TRADE CALL NAME AND ADDRESS Truckee Meadows Cre  SIGNATURE AUTHENTICATED  TRADE CALL NAME AND ADDRESS Truckee Meadows Cre  SIGNATURE TITLE SIGNATURE (Type or Print)  JONATHAN C THERIOT  21b. DATE SIGNED (Mo/Day/Yr)  JUNE 21, 2024  DATE OF ATTENDING PHYSICIAN IF OTHER THAN CHERIOT  21c. HOUR OF ATTENDING PHYSICIAN IF OTHER THAN CHERIOT  SIGNATURE AUTHENT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENE JONATHAN C THERIOT  21d. NAME AND ADDRESS OF	Albert Lee  SNOWD  3b. CITY, TOWN, OR LOCATION OF DEATH   3c. HOSPITAL OR OTHER INSTITUTION Reno   Kings Row Re	Albert Lee  SNOWDEN  3b. CITY, TOWN, OR LOCATION OF DEATH Reno  SROO  S. RACE (Specify)  White  S. RACE (Specify)  S. RACE (Specify)  White  S. RACE (Specify)  White  S. RACE (Specify)  S. RACE (Specify)  White  S. RACE (Specify)  White  S. RACE (Specify)  S. RACE (	Albert Lee  SNOWDEN  June 13, 2  June 14,	Albert Lee  SNOWDEN  June 13, 2024  June 13, 2024  Albert Lee  SCHTY, TOWN, OR LOCATION OF DEATH Albert Lee  SCHTY, TOWN, OR LOCATION	Albert Lee SNOWDEN  Albert Lee SNOWDEN  B. CITY, TOWN, OR LOCATION OF DEATH   S. COUNTY OF SEE  FROM  S. CITY, TOWN, OR LOCATION OF DEATH   S. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give sized at Se. If Hosp or Inst. Indicate DOA, OP/Emer. Rim.    S. RACE (Speedly)  Minte  G. Haspanic Chigh's Speedly  G. Haspanic Chigh's Speedly  No. Non-Hispanic  Minte  G. Haspanic Chigh's Speedly  Minte  G. Haspanic Chigh's Speedly  No. Non-Hispanic  Minte  G. Haspanic Chigh's Speedly  Minte  G. Haspanic Chief Minte





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DATE ISSUED:

This copy is not valid uhi 24/2024 on engraved border displaying date, seal and signature of Registrar.



