

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

ASSESSOR'S PARCEL NO. (APN#): 007~396~30

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Joy Snowden

Address: PO Box 316

City/State/Zip: Eureka NV 89316

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

2024-254020
11/26/2024 02:59 PM
Pgs=2



00022152202402540200020020

KATHERINE J. BOWLING, CLERK RECORDER

I, Joy Snowden, the Affiant, being of legal age, and being first duly sworn,
deposes and says:

That Albert Lee Snowden, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Albert L Snowden
(Deceased Name as shown on Deed)

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

dated on the 13th day of May, 2008, and executed by
Albert Snowden, known as "Grantor(s)" to Albert Snowden and Joy Snowden,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 0211848, on the
13th day of May, 2008, in book 472/327, 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)

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 \$ 134,779

In witness Whereof, I/We have hereunto set my hand/our hands this 26th day of November, 2024

Joy Snowden
(Signature)
Joy Snowden
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA)

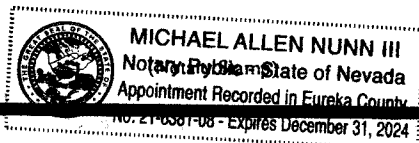
COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) November 26 2024

By (person(s) appearing before notary public) Joy Snowden

(Notary Public)

My Commission expires: 12/31/24



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4419555

CERTIFICATE OF DEATH

2024013693
STATE FILE NUMBER

| | | | | | |
|---|--|---|--|--|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Albert Lee SNOWDEN | | 2. DATE OF DEATH (Mo/Day/Year) June 13, 2024 | | 3a. COUNTY OF DEATH Washoe | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Reno | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address number) Kings Row Residence | | 3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 83 | |
| 9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania | | 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 | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Eureka | | 15c. CITY, TOWN OR LOCATION Eureka | |
| 15d. STREET AND NUMBER 321 El Paso | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | 15f. EVER IN US Armed Forces? No | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Floyd SNOWDEN | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Freda WEIBLE | | |
| 18a. INFORMANT- NAME (Type or Print) Joy Delle SNOWDEN | | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 316 Eureka, Nevada 89316 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Cedar Hills Cemetery | | 19c. LOCATION City or Town State Eureka Nevada 89316 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NICOLE ROMERO SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD101 | | 20c. NAME AND ADDRESS OF FACILITY Mt. Vista Chapel PO BOX 151707 Ely NV 89315 | |
| TRADE CALL-NAME AND ADDRESS Truckee Meadows Cremation And Burial 616 South Wells Avenue Reno NV 89502 | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) JONATHAN C THERIOT MD SIGNATURE AUTHENTICATED | | 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) June 21, 2024 | | 21c. HOUR OF DEATH 09:05 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH | | 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) Jonathan C Theriot MD 1495 Mill Street Reno, NV 89502 | | | | 23b. LICENSE NUMBER DO3118 | |
| 24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 21, 2024 | | 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 | | | | | |
| (a) End-Stage Heart Failure Interval between onset and death 6 Weeks | | | | | |
| (b) Severe Aortic Stenosis Interval between onset and death Unknown Interval | | | | | |
| (c) Unknown Etiology Interval between onset and death | | | | | |
| (d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | | | | |
| 28a. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | |
| 28d. 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 | |

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:

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

