

APN: 001-102-18

Recording Requested By:

Name: Robert J. Wines, Prof. Corp.

Address: 687 6th Street, Suite 1

City, State, Zip: Elko, NV 89801

Send Tax Statement To:

Name: Paul C. Athey

Address: 687 6th Street, Suite 1

City, State, Zip: Elko, NV 89801

EUREKA COUNTY, NV

2025-254145

Rec:\$37.00

\$37.00 Pgs=4

01/15/2025 11:31 AM

ROBERT J. WINES, PROF. CORP.

KATHERINE J. BOWLING, CLERK RECORDER

Affidavit Terminating Joint Tenancy
(Title of Document)


Please complete the cover page, check one of the following and sign below.

☐ I the undersigned hereby affirm that this document submitted for recording does not contain a social security number.

OR

☒ I the undersigned hereby affirm that this document submitted for recording contains a social security number of a person as required by law:

440.380.1a; 111.721


CATHERINE J. HASSETT

Legal Secretary

Title

APN: 001-102-18

Please Send Tax Statement To:

Paul C. Athey
687 6th Street, Suite 1
Elko, NV 89801

Recording Requested By:

Robert J. Wines, Prof. Corp.
687 6th Street, Suite 1
Elko, NV 89801

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss.
COUNTY OF ELKO)

ROBERT J. WINES, being first duly sworn, deposes and says:

That Affiant is attorney of record for the surviving Grantees in that certain Grant, Bargain and Sale Deed wherein THEODORE I. VERNES and SHARLENE S. VERNES, husband and wife, were Grantors, and PAUL C. ATHEY and WENDY L. ATHEY, husband and wife as joint tenants with right of survivorship, were Grantees; conveying that certain lot, piece or parcel of land situate in the County of Eureka, State of Nevada, more particularly described as follows:

Lot 14 and the West 55 feet of Lot 15, Block 22, of the Town of Eureka according to the plat filed in the Office of the County Recorder of Eureka County, Nevada.

TOGETHER WITH any and all buildings and improvements situate thereon.

TOGETHER WITH the tenements, hereditament and appurtenances thereunto belonging or in anywise appertaining, the reversion or reversions, remainders, rents, issues and profits thereof.


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

///

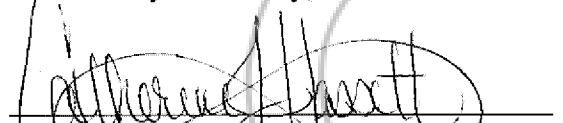
That a Deed was recorded on August 1, 2005, in Book 418 at Page 104-105 as Document No. 200154, Official Records of Eureka County Recorder's Office;

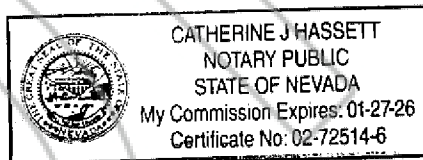
That the said WENDY L. ATHEY, one of the Grantees named in the aforesaid Deed, died in the County of Eureka, State of Nevada, on April 17, 2022, and is the identical person named as WENDY LOUISE ATHEY in that Certificate of Death, duly certified, attached hereto; that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

FURTHER AFFIANT SAITH NOT.


ROBERT J. WINES

SUBSCRIBED AND SWORN TO
before me, by ROBERT J. WINES
this 10th day of January, 2025.


NOTARY PUBLIC
Commission Expires: 1/27/26



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4278855

CERTIFICATE OF DEATH

2022009796
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) Wendy Louise ATHEY		2. DATE OF DEATH (Mo/Day/Year) April 17, 2022		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Eureka		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 21 N. Main Street		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
9a. STATE OF BIRTH (If not US/CA, name country) Ontario		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
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	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William SMITH		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Patricia HEATON		15d. STREET AND NUMBER 21 N. Main Street	
18a. INFORMANT- NAME (Type or Print) Paul Charles ATHEY		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town State, Zip) PO Box 842 Eureka, Nevada 89316		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Paul Charles ATHEY	
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CELESTINE Q HERNANDEZ MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) April 19, 2022		21c. HOUR OF DEATH 00:05		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Celestine Q Hernandez MD 2620 Ruby Vista Dr Elko, NV 89801		23b. LICENSE NUMBER 8882		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 19, 2022		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) Cardiorespiratory Arrest Interval between onset and death					
(b) Chronic Respiratory Failure With Hypoxia Interval between onset and death					
(c) Bradycardia Interval between onset and death					
(d) Bronchial Asthma 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. Hypertension Generalized Edema					
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)		28d. DESCRIBE HOW INJURY OCCURRED	
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:

4/25/2022

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

Lois Shup
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

