

EUREKA COUNTY, NV
LAND-TJT
\$37.00
Total: \$37.00
JUDITH A. ELIAS

2025-254368
03/27/2025 02:33 PM
Pgs=3

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

ASSESSOR'S PARCEL NO. (APN#): 005-470-22

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: JUDITH A. ELIAS
Address: 272 NEPONSET VALLEY PARKWAY #29
City/State/Zip: BOSTON, MA 02136

00022575202502543680030038
KATHERINE J. BOWLING, CLERK RECORDER

I, JUDITH A. ELIAS, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That RICHARD F. COOK, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as RICHARD F. COOK
(Deceased Name as shown on Deed)

named as one of the parties in that certain JOINT TENANCY DEED
(Type of Document)

dated on the 25th day of JUNE, 1979, and executed by
CATLEMEN'S TITLE GUARANTEE CO., known as "Grantor(s)" to RICHARD F. COOK & JUDITH A. COOK
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 68650, on the
6th day of JULY, 1979, in book 71, of Official Records of
211 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)

TOWNSHIP 29 NORTH, RANGE 48 EAST, M. D. B. & M.
SECTION 33: NW 1/4 NE 1/4 SW 1/4

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 \$ _____.

In witness Whereof, I/We have hereunto set my hand/our hands this 25th day of MARCH, 2025

Judith A. Elias
(Signature) JUDITH A. ELIAS
(Print or type name here)

(Signature)
(Print or type name here)

STATE OF ~~NEVADA~~ MASSACHUSETTS
COUNTY OF ~~EUREKA~~ SUFFOLK
This instrument was acknowledged before me on (date) MARCH 25, 2025

By (person(s) appearing before notary public) JUDITH A. ELIAS

Mary Duell
(Notary Public)
My Commission expires: AUGUST 29, 2025

(Notary Stamp)



REGISTRY DIVISION OF THE CITY OF BOSTON

COUNTY OF SUFFOLK, COMMONWEALTH OF MASSACHUSETTS, UNITED STATES OF AMERICA

Certificate Number

No 546346

I, the undersigned, hereby certify that I hold the office of _____ City Registrar of the City of Boston and I certify the following facts appear on the records of Births, Marriages and Deaths kept in said City as required by law.



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Commonwealth of Massachusetts Registry of Vital Records and Statistics CERTIFICATE OF DEATH

State File # **2017 022840**
Registered # **2879**

DECEDENT	Place of Death	TUFTS MEDICAL CENTER, BOSTON, MA		
	Date of Death	MAY 10, 2017	Age	67 YRS
	Sex	MALE		
	Current Name	COOK, RICHARD ---		
	Surname at Birth or Adoption	COOK	SSN	██████████
	AKA	---		
	Date of Birth	AUGUST 11, 1949	Birthplace	BOSTON, MASSACHUSETTS
	Residence	46 LELAND STREET, BROOKLINE, MASSACHUSETTS 02467		
	Race	WHITE	Education	ASSOCIATE DEGREE
	Marital Status	MARRIED	Occupation/Industry	BOSTON FIREFIGHTER/LIEUTENANT/PUBLIC SAFETY
MEDICAL CERTIFIER	Last Spouse - Last, First, Middle (Surname at Birth or Adoption)		Decedent: U.S. Veteran (Most Recent)	
	MAHONEY, MURIEL (MAHONEY)		VIETNAM	
	Mother/Parent Name - Last, First, Middle (Surname at Birth or Adoption)		Birthplace	
	COOK, RITA (COLLERAN)		MASSACHUSETTS	
	Father/Parent Name - Last, First, Middle (Surname at Birth or Adoption)		Birthplace	
	COOK, CHARLES (COOK)		ILLINOIS	
	Part I. Cause of Death - Sequentially list immediate cause then antecedent causes then underlying cause			
	Interval between onset and death			
	a. Immediate Cause (Final condition resulting in death)			
	ACUTE DECOMPENSATION OF CIRRHOSIS			
b. Due to or as a consequence of:				

c. Due to or as a consequence of:				

d. Due to or as a consequence of:				

Part II. Other significant conditions contributing to death but not resulting in underlying cause		Manner of Death:		
---		NATURAL		
		Time of Death: 09:45 AM		
		Result of Injury: NO		
Certifier ROHIT DHINGRA, MD		Lic # 267050		
Addr. 800 WASHINGTON STREET, BOSTON, MASSACHUSETTS 02111				
Funeral Licensee/Designee RICHARD F. GORMLEY		Lic # 5511		
Facility/Addr. GORMLEY FUNERAL HOME, BOSTON, MASSACHUSETTS				
Immediate Disposition BURIAL				
Date of Immediate Disposition MAY 16, 2017				
Place/Address				
THE GARDENS AT GETHSEMANE, 670 BAKER STREET, BOSTON, MASSACHUSETTS 02132				
Date of Record MAY 16, 2017				
Date of Amendment ---				

WITNESS my hand and the SEAL of the CITY REGISTRAR

on this _____ Day of **MAY 22 2017** A.D. _____

 City Registrar

By Chapter 314 of the Acts of 1892, "the certificates or attestations of the Assistant City Registrars shall have the same force and effect as that of City Registrar."

I further hereby certify that by annexation, the records of the following cities and towns are in the custody of the City Registrar of Boston:

Annexed

East Boston	1637
South Boston	1804
Roxbury	1868
Dorchester	1870
Charlestown	1874
Brighton	1874
West Roxbury	1874
Hyde Park	1912

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COOK

SFN: 2017 022840

BOSTON 2879

BROOKLINE 129

STATE VOL/PG: /

If U.S. war veteran, specify war/conflict(s) VIETNAM			
Branch of military (most recent) ARMY		Rank/organization/outfit (most recent) SP-5	
Date entered (most recent) OCTOBER 21, 1968	Date Discharged (most recent) FEBRUARY 21, 1970	Service Number (most recent) 11629494	
Place of Death Type HOSPITAL - INPATIENT		Date of Pronouncement ---	Time of Pronouncement ---
RN/NP/PA Pronouncement? NO		Name of RN/NP/PA Pronouncing Death ---	
RN/NP/PA Employing Agency or Institution ---		Name of Physician or Medical Examiner notified ---	
Was M.E. Notified? NO	Provider in charge of patient's care, if not certifier RICHARD KOPELMAN, MD		
Autopsy Performed? NO	Findings available for Cause? ---	Tobacco contribute to death? NO	Pregnancy Status, if female ---
Date of Injury ---	Time of Injury ---	Injury at Work? ---	If Transportation Injury, specify: ---
Place of Injury ---		Location/Address of Injury: ---	
Describe How Injury Occurred ---			
Expanded Race: WHITE			
Ethnicity: AMERICAN			
Informant Name MURIEL E. MAHONEY		Relationship WIFE	
Addr: 461 ELAND STREET, BROOKLINE, MASSACHUSETTS 02467			
Date Disposition Permit Issued: MAY 16, 2017	Board of Health Agent JAMES V. IMPRESCIA	Local Permit No. B17022840	
State Tracking No. 022840			