

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

ASSESSOR'S PARCEL NO. (APN#): 002-033-28

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Eric Wicks

Address: 7910 Summerlin Lakes Dr

City/State/Zip: Fort Myers, Florida, 33907

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

2025-254564
05/19/2025 03:43 PM
Pgs=2



00022796202502545640020028

KATHERINE J. BOWLING, CLERK RECORDER

I, Eric JDon Wicks, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That Priscilla Joyce Wicks, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Priscilla J Wicks
(Deceased Name as shown on Deed)

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

dated on the 14th day of January, 2010, and executed by
Priscilla J. Wicks, known as "Grantor(s)" to Priscilla J Wicks, Eric Wicks, Merlin Harger,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. DOC # 0214510, on the
14th day of January, 2010, in book 497, of Official Records of
Eureka County, Nevada, covering the following described property situated in the City of
Crescent Valley, County of Eureka, State of Nevada.
(Set forth legal description and commonly known street address, if known)

Block 13, Lot 9, Parcel 4B, Crescent Valley Ranch & Farms, Unit 1,
commonly known as 271 2nd Street, Crescent Valley, NV 89821

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 \$ \$30,000.00

In witness Whereof, I/We have hereunto set my hand/our hands this 15th day of May, 2025

(Signature)

(Print or type name here)

(Signature)

(Print or type name here)

STATE OF FLORIDA
COUNTY OF LEE

This instrument was acknowledged before me on (date) May 15, 2025

By (person(s) appearing before notary public) Eric J. Wicks

(Notary Public)

My Commission expires: 12-13-2027

(Notary Stamp)



JULIE BAKER
MY COMMISSION # HH 464966
EXPIRES: December 13, 2027

CERTIFICATION OF DEATH RECORD

VILLAGE OF LIBERTYVILLE LIBERTYVILLE, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 0077344

MEDICAL EXAMINER'S CASE NUMBER 1709161230

DATE ISSUED 9/28/2017

DECEDENT'S LEGAL NAME PRISCILLA JOYCE WICKS				SEX FEMALE	DATE OF DEATH SEPTEMBER 16, 2017
COUNTY OF DEATH LAKE		AGE AT LAST BIRTHDAY 77 YEARS		DATE OF BIRTH NOVEMBER 18, 1939	
CITY OR TOWN FOX LAKE			HOSPITAL OR OTHER INSTITUTION NAME 131 CORA AVE		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE DES MOINES, IA		SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 131 CORA AVE			APT. NO.	CITY OR TOWN FOX LAKE	INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IL	ZIP CODE 60020	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHARLES LEANDER GABEL		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEILA INGABEE HINRICHS
INFORMANT'S NAME ERIC WICKS		RELATIONSHIP SON		MAILING ADDRESS 131 CORA AVE, FOX LAKE, IL, 60020	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION HEIGHTS CREMATORY		LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION SEPTEMBER 29, 2017
FUNERAL HOME PLANET GREEN CREMATIONS, 319 E GLENWOOD-LANSING RD, GLENWOOD, IL, 60425					
FUNERAL DIRECTOR'S NAME BRETT R MORELAND				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014588	
LOCAL REGISTRAR'S NAME PATRICE SUTTON				DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 28, 2017	
<div style="display: flex; justify-content: space-between;"> <div> CAUSE OF DEATH PART I. BRAIN CANCER IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): </div> <div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH </div> <div> MANY MONTHS </div> </div>					
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:					IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? NO		DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 11:20 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED SEPTEMBER 28, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RAJEEV KUMAR, 6101 S COUNTY LINE RD, BURR RIDGE, IL, 60527				PHYSICIAN'S LICENSE NUMBER 036093495	

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Patrice Sutton

Patrice Sutton
Village Of Libertyville, Local Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK