

APN# 001-055-01

**Recording Requested by:**

Name: Patricia Halstead, Esq.

Address: 615 S. Arlington Ave.

City/State/Zip: Reno, NV 89509

**When Recorded Mail to:**

Name: Patricia C. Halstead

Address: 615 S. Arlington Ave.

City/State/Zip: Reno, NV 89509

**Mail Tax Statement to:**

Name: Patricia C. Halstead

Address: 615 S. Arlington Ave.

City/State/Zip: Reno, NV 89509

EUREKA COUNTY, NV

2025-254786

Rec:\$37.00

\$37.00

Pgs=5

06/03/2025 01:19 PM

HALSTEAD LAW OFFICES

KATHERINE J. BOWLING, CLERK RECORDER

( for Recorder's use only )

**AFFIDAVIT OF TERMINATION  
OF JOINT TENANCY**

**( Title of Document )**

**Please complete Affirmation Statement below:**

☐ I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.  
(Per NRS 239B.030)

**-OR-**

☒ I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 111.365

(State specific law)

  
Signature

JOINT TENANT

Title

PATRICIA C. HALSTEAD

Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

APN: 001-055-01

**Recording Requested By:**

Patricia Halstead, Esq.  
615 S. Arlington Ave.  
Reno, NV 89509

**Mail future tax statements to:**

Patricia C. Halstead  
615 S. Arlington Ave.  
Reno, NV 89509

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY  
(DEATH OF A JOINT TENANT)**

I, Patricia C. Halstead, being of legal age and being first duly sworn, depose and say:

I am the daughter of the late Clark Francis Halstead, the decedent referenced in the Certificate of Death provided herewith as **Exhibit 1**. Clark Francis Halstead is the same Clark F. Halstead as named in the Quitclaim Deed dated June 18, 2006, and executed by Clark F. Halstead and Joan M. Halstead in favor of Clark F. Halstead and Joan M. Halstead, husband and wife, and Patricia C. Halstead, as joint tenants with the right of survivorship, and recorded as Document No. 205328 on June 26, 2006, in the Official Records of Eureka County, Nevada, covering the following described property situated in the County of Eureka, State of Nevada, the legal description of which is:

**Lots three (3) and Four (4) of Block Ninety-seven (97) and Block ninety-nine (99) and a portion of the Old Railroad Grade, excluding that portion of Block ninety-nine (99) and portion of the old Railroad Grade sold by John Gibellini to Mr. and Mrs. Lowell Drake, recorded in Book 48, page 546 of official records at Eureka, Nevada.**

**(cka 661 Mathew Street. Eureka, Nevada)**

This termination of joint tenancy, in addition to the termination of joint tenancy for Joan Marie Halstead, aka Joan M. Halstead, dated July 6, 2007, and recorded as Document No. 0210324 on July 23, 2007, in the Official Records of Eureka County, Nevada, render Patricia C. Halstead as the sole owner of the described property.

Witness my hand on this 3rd day of June, 2025.

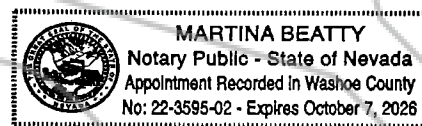
  
\_\_\_\_\_  
Patricia C. Halstead

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC ON FOLLOWING PAGE**

STATE OF NEVADA                    )  
  ) ss.  
COUNTY OF WASHOE                )

The foregoing instrument titled AFFIDAVIT OF TERMINATION OF JOINT TENANCY was acknowledged before me on this the 3<sup>rd</sup> day of June, 2025, by Patricia C. Halstead.

  
\_\_\_\_\_  
NOTARY PUBLIC



**EXHIBIT 1**

**EXHIBIT 1**

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### NORTHERN NEVADA PUBLIC HEALTH

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4473471

#### CERTIFICATE OF DEATH

2025009757  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

PARENTS

Cremation

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) <b>Clark Francis HALSTEAD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 14, 2025</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>525 Court St. I201</b>		3d. If Hosp. or inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>82</b>		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 29, 1942</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Government</b>		14c. Ever in US Armed Forces? <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Reno</b>	
15d. STREET AND NUMBER <b>525 Court St. I201</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles Patrick HALSTEAD</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helén Ethella GIBELLINI</b>		18a. INFORMANT- NAME (Type or Print) <b>Patricia Charlene HALSTEAD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>4250 Palomino Cir Reno, Nevada 89519</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>HARRISON CODY BILLIAN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD943</b>		20c. NAME AND ADDRESS OF FACILITY <b>Truckee Meadows Cremation And Burial 616 South Wells Avenue Reno NV 89502</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title): <b>DEVANGI D DESAI MD</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>April 30, 2025</b>		21c. HOUR OF DEATH <b>18:05</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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)		22b. DATE SIGNED (Mo/Day/Yr)		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) <b>Devangi D Desai MD 6630 S McCarran Blvd Reno, NV 89506</b>	
23b. LICENSE NUMBER <b>12906</b>		24a. REGISTRAR (Signature) <b>BRENDA L PEER</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 01, 2025</b>	
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) <b>Chronic Obstructive Pulmonary Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>NATURAL</b>			
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	



000594256

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.

5/2/2025

DEPUTY REGISTRAR

DATE ISSUED:

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

*Chad Kung*  
SIGNATURE AUTHENTICATED

