

EUREKA COUNTY, NV  
LAND-TJT  
Rec:\$37.00  
Total:\$37.00  
RICHARD EDERA

2025-254794  
06/11/2025 03:57 PM  
Pgs=3

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

ASSESSOR'S PARCEL NO. (APN#): 01-191-03, 01-184-03

### RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Richard W Edera

Address: 120 Ha Ley Lane

City/State/Zip: Sutherlin, Or. 97479



00023030202502547940030032  
KATHERINE J. BOWLING, CLERK RECORDER

I, Richard W Edera, the Affiant, being of legal age, and being first duly sworn,  
deposes and says:  
That Jennie Louise Edera, the decedent mentioned in the

(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Jennie Edera  
(Deceased Name as shown on Deed)

named as one of the parties in that certain Quit Claim Deed  
(Type of Document)

dated on the 25th day of May, 1994, and executed by  
Jennie Edera, known as "Grantor(s)" to Peter Edera, Felicity Stafford, Yvonne Forbes, Richard Edera  
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 152886, on the  
25th day of May, 1994, in book 269, 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)

See attachment A

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 \$ \$ 83,292

In witness Whereof, I/We have hereunto set my hand/our hands this 11TH day of JUNE, 20 25

(Signature)

RICHARD W. EDERA

(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) June 11, 2025

By (person(s) appearing before notary public) Richard W. Edera

Katelyn Ziemann  
(Notary Public)

My Commission expires: June 6, 2028



KATELYN ZIEMANN  
Notary Public - State of Nevada  
Appointment Recorded in Eureka County  
No: 24-5833-08 - Expires June 6, 2028

(Notary Stamp)

# Exhibit A.

\_\_\_\_\_, State of \_\_\_\_\_, described as:  
(Set forth legal description of real property AND commonly known street address, if known)

Lots 7, 8, 9, 10 and 11 in Block 65; and Lot 2 in Block 121;

and a portion of O'Neil Avenue, more particularly described as follows:

Beginning at the Southwest corner of Lot 11 in Block 65, this being the point of beginning;

Thence, S. 71° 40' W. a distance of 68.75 feet to the Southeast corner of Lot 1, Block 121, this being point #2;

Thence N. 8° 14' W. along the East sideline of Block 121 a distance of 124.53 feet to point #3;

Thence N. 81° 42' E. a distance of 65 feet, this being point #4;

Thence S. 8° 33' E. along the West sideline of Block 65 a distance of 115.46 feet to the point of beginning;

Said parcels as appear on the official map of said Townsite of Eureka, County of Eureka, State of Nevada, on file in the office of the Eureka County Recorder and as approved by the U.S. General Land Office on November 19, 1937.

TOGETHER WITH all and singular the tenements, hereditaments, and appurtenances thereunto belonging to said parcels, or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

ASSESSORS PARCEL NO. (APN#) 01-191-03, and 01-184-03

STATE OF NEVADA  
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4438116

CERTIFICATE OF DEATH

2024022457  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Jennie Louise EDERA</b>			2. DATE OF DEATH (Mo/Day/Year) <b>September 30, 2024</b>			3a. COUNTY OF DEATH <b>Elko</b>											
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Elko</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Highland Manor Of Elko</b>			3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Assisted Living Facility</b>			4. SEX <b>Female</b>								
5. RACE (Specify) <b>White</b>			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) <b>94</b>			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) <b>December 08, 1929</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>Own Home</b>			15. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>								
15a. RESIDENCE - STATE <b>Nevada</b>			15b. COUNTY <b>Eureka</b>			15c. CITY, TOWN OR LOCATION <b>Eureka</b>			15d. STREET AND NUMBER <b>210 S. Monroe Street</b>								

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Eduardo AGUIRRE</b>						17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Frances WARD</b>					
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DISPOSITION

18a. INFORMANT- NAME (Type or Print) <b>Richard EDERA</b>						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>120 Ak Ley Lane Sutherlin, Oregon 97479</b>											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>						19b. CEMETERY OR CREMATORY - NAME <b>Sunset Crematory</b>						19c. LOCATION City or Town State <b>Elko Nevada 89803</b>					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TRENT R STIMPSON</b>						20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD952</b>						20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home PO BOX 689 Elko NV 89803</b>					

TRADE CALL

TRADE CALL - NAME AND ADDRESS											
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CERTIFIER

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>SIGNATURE AUTHENTICATED ANDREW P ROGERS MD</b>						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) <b>October 04, 2024</b>						21c. HOUR OF DEATH <b>13:15</b>						22b. DATE SIGNED (Mo/Day/Yr)						22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)						22e. PRONOUNCED DEAD AT (Hour)											

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Andrew P Rogers MD 2850 Ruby Vista Dr Elko, NV 89801</b>												23b. LICENSE NUMBER <b>20269</b>					
24a. REGISTRAR (Signature) <b>ANNAM M HOWARD</b>						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 04, 2024</b>						24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>					

CAUSE OF DEATH

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Encephalopathy</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Malignant Neoplasm Of Brain</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b></b>												Interval between onset and death <b>Days</b>						Interval between onset and death <b>Months</b>						Interval between onset and death						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.												26. AUTOPSY (Specify Yes or No) <b>No</b>						27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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 <b>STREET OR R.F.D. No. CITY OR TOWN STATE</b>																							



CERTIFIED COPY OF VITAL RECORDS

*Cody L. Hingray*

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.

10/7/2024

DATE ISSUED:

STATE REGISTRAR

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

