

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

2025-254795
06/11/2025 03:58 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



00023031202502547950030038

KATHERINE J. BOWLING, CLERK RECORDER

I, Richard W Edera, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That Peter Edera III the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Peter Anthony 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 20th day of December, 2001, and executed by
Jennie Edera, known as "Grantor(s)" to Felicita Stafford, Yvonne Forbes, Richard Edera,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 177497, on the
20th day of December, in book 345, 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

Richard W. Edera
(Signature)

(Signature)

(Print or type name here)

Richard W. Edera

(Print or type name here)

STATE OF NEVADA

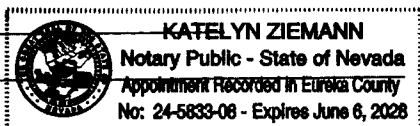
COUNTY OF EUREKA

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



(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

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

CASE FILE NO. 4038799

2018016991

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) Peter Anthony EDERA				2. DATE OF DEATH (Mo/Day/Year) September 01, 2018		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and St Mary's Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 67		7b. UNDER 1 YEAR MOS DAYS 67	
7c. UNDER 1 DAY HOURS MINS 67		8. DATE OF BIRTH (Mo/Day/Yr) March 09, 1951					
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)							
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Truck Driver		14b. KIND OF BUSINESS OR INDUSTRY Trucking		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		15d. STREET AND NUMBER 200 Bullion Avenue	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes							
16. FATHER/PARENT - NAME (First Middle Last Suffix) Peter A EDERA SR				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jennie AGUIRRE			
18a. INFORMANT-NAME (Type or Print) Vincent EDERA				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2517 Peppertree Place Plano, Texas 75024			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME St Brendans Catholic Church		19c. LOCATION City or Town State Eureka Nevada 89316			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LEWIS NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD621		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations - Ross, Burke 2155 Kietzke Lane Reno NV 89502			
TRADE CALL - NAME AND ADDRESS							
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: (Signature & Title) SUBANI GAUTAM MD SIGNATURE AUTHENTICATED				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) September 05, 2018		21c. HOUR OF DEATH 13:07		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Subani Gautam MD 748 S Meadows Pkwy Reno, NV 89521						23b. LICENSE NUMBER 16653	
24a. REGISTRAR (Signature) VICTORIA STEBBINS SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 05, 2018		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) Cerebrovascular Accident							
DUE TO, OR AS A CONSEQUENCE OF							
(b) Hypertension							
DUE TO, OR AS A CONSEQUENCE OF							
(c) Hyperkalemia							
DUE TO, OR AS A CONSEQUENCE OF							
(d) Unknown Etiology							
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Metastatic Renal Cell Carcinoma						26. AUTOPSY (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		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	

STATE REGISTRAR

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.

9/6/2018

SIGNATURE AUTHENTICATED

DEPUTY REGISTRAR

DATE ISSUED:

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

