

APN: 004-410-02

Mail Tax Statements to:

Brain Grondin and Morgan Grondin
P.O. Box 1061
Carlin, Nevada 89822

When Recorded Return to:

GERBER LAW OFFICES, LLP
491 4th Street
Elko, Nevada 89801

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

2025-254831
06/30/2025 01:30 PM
Pgs=5

BRAIN AN DMORGAN BRONDIN



00023074202502548310050062

KATHERINE J. BOWLING, CLERK RECORDER

AFFIDAVIT TERMINATING JOINT TENANCY

I, the undersigned, hereby affirm that this document submitted for recording **does** contain a Social Security number of at least one person, as required by law. Legal requirement cited in the following specific statute: NRS 440.380(1)(a) and NRS 40.525(5).



A handwritten signature in black ink, appearing to read 'Zachary A. Gerber', written over a horizontal line.

ZACHARY A. GERBER, ESQ.

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AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 :SS.
COUNTY OF ELKO)

BRIAN GRONDIN, being duly sworn according to law and under penalty of perjury, deposes and says:

1. That BRIAN GRONDIN and MORGAN GRONDIN are the surviving joint tenants in and to the property hereinafter described.

2. That ROBERT CHARLES JOSEPH, an unmarried person, and BRIAN GRONDIN and MORGAN GRONDIN, husband and wife, acquired the following described property by that certain Grant, Bargain, and Sale Deed, dated January 30, 2023, which was recorded March 6, 2023, as Document Number 2023-249836, in the records of the County Recorder, Eureka County, Nevada, said property being more particularly described as follows:

Parcel 2 as shown on that certain Amended Parcel Map for JAMES M. and HELEN M. KLINE filed in the office of the County Recorder of Eureka County, State of Nevada, on September 21, 1998, as File No. 170682, being a portion of Section 14, TOWNSHIP 32 NORTH, RANGE 50 EAST, M.D.B.&M.

TOGETHER WITH all and singular hereditament and appurtenance thereunto belonging or in any way appertaining to.

3. That ROBERT CHARLES JOSEPH, being one of the persons described in the foregoing described Deed as grantee and joint tenant, died in Eureka County, Nevada, on November 15, 2024. A certified copy of the Death Certificate of said Decedent is attached to this Affidavit as

Exhibit "A" and made a part hereof.

4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said ROBERT CHARLES JOSEPH in and to the foregoing described property, and vesting title thereto solely in BRIAN GRONDIN and MORGAN GRONDIN, the surviving joint tenants under the Deed.


BRIAN GRONDIN

STATE OF NEVADA)
 :SS.
COUNTY OF ELKO)

On the 20th day of June, 2025, personally appeared before me, a Notary Public, BRIAN GRONDIN personally known to me or proven to me to be the person whose name is subscribed to the above instrument and who acknowledge that she executed said instrument.


NOTARY PUBLIC

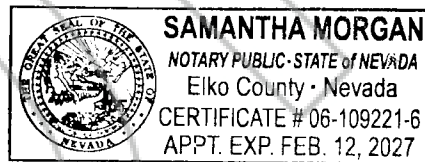


EXHIBIT A

COPY

EXHIBIT A

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4446670

2024026451
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

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

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Robert Charles JOSEPH			2. DATE OF DEATH (Mo/Day/Year) November 15, 2024		3a. COUNTY OF DEATH EUREKA	
3b. CITY, TOWN, OR LOCATION OF DEATH Emigrant Pass		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and 40 Primo Canyon Drive Inpatient(Specify) Home				4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 62		7b. UNDER 1 YEAR MOS DAYS HOURS MINS
9a. STATE OF BIRTH (If not US/CA, name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		10. EDUCATION 10		11. MARITAL STATUS (Specify) Widowed
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Mechanic, Heavy Equipment, Engine		14b. KIND OF BUSINESS OR INDUSTRY Mining		15a. INSIDE CITY LIMITS (Specify Yes or No) Yes
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Emigrant Pass		15d. STREET AND NUMBER 40 Primo Canyon Drive
16. FATHER/PARENT - NAME (First Middle Last Suffix) George James JOSEPH SR				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lois Marie BROIN		
18a. INFORMANT- NAME (Type or Print) Scottie JOSEPH		18b. MAILING ADDRESS: (Street or R.F.D. No, City or Town, State, Zip) 82181 South 4752 Road Stilwell, Oklahoma 74960				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) AARON ANTON PELLEGRINI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1018		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803		
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): MILES A UMINA SIGNATURE AUTHENTICATED						
21b. DATE SIGNED (Mo/Day/Yr) February 03, 2025		21c. HOUR OF DEATH 14:06				
21d. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr) November 15, 2024				
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Miles A Umina PO Box 736 Eureka, NV 89316						23b. LICENSE NUMBER
24a. REGISTRAR (Signature) ANNAH M HOWARD SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 03, 2025		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) Gunshot Wound Of The Head 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 Immediate Interval between onset and death 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) Yes
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) November 15, 2024		28c. HOUR OF INJURY 1406		28d. DESCRIBE HOW INJURY OCCURRED Self Inflicted Gunshot Wound To Head With Handgun
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. Lot#4 Primeaux Canyon Rd. Eureka County Nevada		28h. CITY OR TOWN Emigrant Pass STATE Nevada

VRS-Rev-20120522



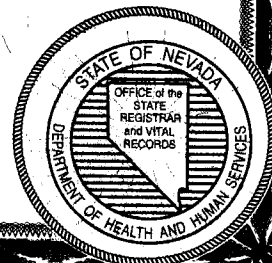
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: 6/10/2025

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

Dana Schmidt
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE