

APN 007-396-28

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

**2025-254952**  
**08/18/2025 01:49 PM**  
Pgs=4

Mail Tax Statements to:

Joy D. Snowden  
P.O. Box 316  
Eureka, Nevada 89316

When Recorded Return to:

GERBER LAW OFFICES, LLP  
491 4<sup>th</sup> Street  
Elko, Nevada 89801



00023215202502549520040040

KATHERINE J. BOWLING, CLERK RECORDER

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

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 "Travis A. Gerber", written over a horizontal line.

TRAVIS A. GERBER, ESQ.

APN 007-396-28

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Joy D. Snowden  
P.O. Box 316  
Eureka, Nevada 89316

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491 4<sup>th</sup> Street  
Elko, Nevada 89801

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA            )  
  :ss.  
COUNTY OF ELKO            )

JOY SNOWDEN, being duly sworn according to law and under penalty of perjury, deposes and says:

1. That JOY SNOWDEN is the surviving joint tenant in and to the property hereinafter described.

2. That ALBERT L. SNOWDEN, also known as AL SNOWDEN, and JOY SNOWDEN, husband and wife, acquired the following described property by the Joint Tenancy Deed, dated May 13, 2008, which was recorded May 13, 2008, as Document Number 0211848, in the records of the County Recorder, Eureka County, Nevada, said property being more particularly described as follows:

Parcel 4A of that certain Parcel Map for ALBERT L. & JOY D. SNOWDEN, husband and wife, as joint tenants, recorded in the Office of the County Recorder of Eureka County on July 21, 2020, as 2020-240827, being a division of Lot 4 of the Parcel Map, File No. 82265, and located in the East half of Section 17, T 20 N., R 53 E.

EXCEPTING THEREFROM all the oil and gas in and under said land, reserved by the United States of America, in Patent, recorded April 15, 1966, in Book 10, Page 331, Official Records, Eureka County, Nevada; and all minerals by the Grantor hereof.


TOGETHER WITH all buildings and improvements thereon. Subject to all taxes and

other assessments, reservations, exception and all easements, rights of way, liens, covenants, conditions and restrictions, as may appear of record.

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

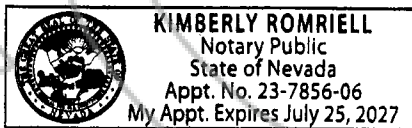
3. That ALBERT L. SNOWDEN, also known as AL SNOWDEN, being one of the persons described in the foregoing described Deed as grantee and joint tenant, died in Washoe County, Nevada, on June 13, 2024. A certified copy of the Death Certificate of said Decedent is attached to this Affidavit as Exhibit "A" 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 ALBERT L. SNOWDEN, also known as AL SNOWDEN, in and to the foregoing described property, and vesting title thereto solely to JOY SNOWDEN, the surviving joint tenant under the Deed.

  
JOY SNOWDEN

STATE OF NEVADA            )  
  :ss.  
COUNTY OF ELKO            )

On the 5<sup>th</sup> day of August, 2025, personally appeared before me, a Notary Public, JOY SNOWDEN 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

STATE OF NEVADA  
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4419555

CERTIFICATE OF DEATH

2024013693  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Albert Lee SNOWDEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 13, 2024</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>Kings Row Residence</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Assisted Living Facility</b>	
PRECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>83</b>	
	9a. STATE OF BIRTH (If not US/CA, name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		9c. UNDER 1 YEAR <b>MOS DAYS</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Truck Driver</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Long-Haul Trucking</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>[REDACTED]</b>		15c. CITY, TOWN OR LOCATION <b>[REDACTED]</b>	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Floyd SNOWDEN</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Freda WEIBLE</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Joy Delle HOLDCROFT</b>	
	18a. INFORMANT - NAME (Type or Print) <b>Joy Delle SNOWDEN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>[REDACTED]</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	
POSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Cedar Hills Cemetery</b>		19c. LOCATION City or Town State <b>Eureka Nevada 89316</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NICOLE ROMERO</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD101</b>		20c. NAME AND ADDRESS OF FACILITY <b>Mt. Vista Chapel</b> <b>PO BOX 151707 Ely NV 89315</b>	
TRADE CALL	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>JONATHAN C THERIOT MD</b> <b>SIGNATURE AUTHENTICATED</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)		22b. DATE SIGNED (Mo/Day/Yr) <b>June 21, 2024</b>	
	21b. DATE SIGNED (Mo/Day/Yr) <b>June 21, 2024</b>		21c. HOUR OF DEATH <b>09:05</b>		22c. HOUR OF DEATH	
CERTIFIER	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) <b>Jonathan C Theriot MD 1495 Mill Street Reno, NV 89502</b>		23b. LICENSE NUMBER <b>DO3118</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
GISTRAR	24a. REGISTRAR (Signature) <b>BLAIR J HEDRICK</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 21, 2024</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>End-Stage Heart Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Severe Aortic Stenosis</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Unknown Etiology</b> DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death <b>6 Weeks</b> Interval between onset and death <b>Unknown Interval</b> Interval between onset and death <b>Unknown Interval</b> Interval between onset and death <b>Unknown Interval</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>	
CAUSE OF DEATH	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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)	
CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

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:

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

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE