

APN: 002-046-05

**Send tax statements to:**

William M. Templeton  
134 Greencrest Drive  
Spring Creek, Nevada 89815

**When recorded return to:**

McConnell Law Office  
950 Idaho Street  
Elko, NV 89801

EUREKA COUNTY, NV

**2025-254956**

Rec:\$37.00

\$37.00

Pgs=5

08/18/2025 04:31 PM

MCCONNELL LAW OFFICE

KATHERINE J. BOWLING, CLERK RECORDER

Pursuant to NRS 239B.030, this document  
DOES NOT contain the Social Security number  
of any person or persons.

**AFFIDAVIT OF DEATH OF JOINT TENANT**  
**(PURSUANT TO NRS 111.365)**

**WILLIAM M. TEMPLETON** ("Affiant"), being first duly sworn,  
according to law, deposes and says:

1. That **WILLIAM R. TEMPLETON** (aka **WILLIAM RAY TEMPLETON**) (hereinafter referred to as "Decedent") passed away on March 3, 2015, in the County of Elko, State of Nevada, and that a certified copy of the Certificate of Death of said Decedent is attached hereto as Exhibit "A" and made a part hereof.

2. That **WILLIAM R. TEMPLETON** (aka **WILLIAM RAY TEMPLETON**), the decedent mentioned in the certified copy of the attached Certificate of Death, is the same person as the **WILLIAM R. TEMPLETON** named as a Grantee in that certain Quitclaim Deed ("Deed") recorded on the 28th day of February, 2024, as Document No. 2024-251658, in the Office of the County Recorder of the County of Eureka, State of Nevada, as to all that certain real property located in the County of Eureka, State of Nevada, which is more particularly described on Exhibit "B" attached hereto and incorporated herein ("Real Property").

3. That the Real Property was acquired by Decedent and **WILLIAM M. TEMPLETON** as joint tenants with rights of survivorship.

4. That Affiant makes this Affidavit for recording pursuant to NRS 111.365 to terminate all Decedent's right, title, interest and estate in, to and of the Real Property, as the deceased joint tenant, and to vest title thereto solely in **WILLIAM M. TEMPLETON**, as the surviving joint tenant and sole remaining interest holder in, to and of the Real Property.


DATED the 15<sup>th</sup> day of August, 2025.

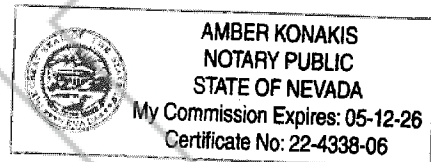
**AFFIANT:**

  
\_\_\_\_\_  
**WILLIAM M. TEMPLETON**

STATE OF NEVADA     )  
                                  ) ss.  
COUNTY OF ELKO     )

On this 15<sup>th</sup> day of August, 2025, before me, a notary public, personally appeared **WILLIAM M. TEMPLETON**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.

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



**EXHIBIT “A”**

**CERTIFIED DEATH CERTIFICATE OF  
WILLIAM R. TEMPLETON**

COPY



# CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4466302

### CERTIFICATE OF DEATH

2025004951  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>William Ray TEMPLETON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 03, 2025</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>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>74</b>	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 27, 1950</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Arizona</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)			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY [REDACTED]		15c. CITY, TOWN OR LOCATION [REDACTED]	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Gilbert TEMPLETON</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dorothea FITZHUGH</b>			
	18a. INFORMANT - NAME (Type or Print) <b>William Monte TEMPLETON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) [REDACTED]			
TRADE CALL	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> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD952</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b> <b>PO BOX 689 Elko NV 89803</b>	
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>JOHN S TKACH MD</b> 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) <b>March 06, 2025</b>		21c. HOUR OF DEATH <b>09:45</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>John S Tkach MD 1995 Errecart Blvd Elko, NV 89801</b>		23b. LICENSE NUMBER <b>14538</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>ANNAH M HOWARD</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 06, 2025</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Malignant Carcinoid Tumor Of The Lung With Metastatic Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Unknown Etiology</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Unknown Etiology</b>		Interval between onset and death.			
CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE > STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Chronic Obstructive Pulmonary Disease</b>		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		STREET OR R.F.D. No.		CITY OR TOWN STATE		

### CERTIFIED COPY OF VITAL RECORDS

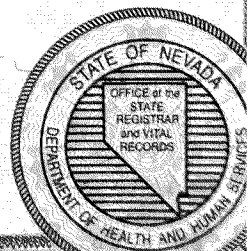
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED:

3/12/2025

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

*Cody D. Higgins*  
STATE REGISTRAR



## **EXHIBIT “B”**

All that certain real property situate, lying and being in the County of Eureka, State of Nevada, and more particularly described as follows:

**APN: 002-046-05**

TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B.&M.

Lots 7 and 8, Block 35 of Crescent Valley Ranch and Farms,  
Unit No. 1, located in a portion of the East 1/2 of Section 5  
and a portions of the West 1/2 of Section 4.