

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

2025-254959
08/20/2025 02:09 PM
Pgs=2

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

ASSESSOR'S PARCEL NO. (APN#): 001-031-09



00023224202502549590020020

KATHERINE J. BOWLING, CLERK RECORDER

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Hugh & Tamara Ross

Address: P.O. Box 908

City/State/Zip: Eureka, NV 89316

I, Hugh Ross, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That Carla Gail Ross, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

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

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

dated on the 6-6-07 day of _____, and executed by
Angele & Emilia Tognoni Trust, known as "Grantor(s)" to Hugh & Carla Ross
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 0209865
on the 6th day of June, 2007, in book 458, 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)

H60 N03 Hill Ave.
Lot C Block 7B
Town of Eureka.

Created from split of Parcel #001-031-01
13,923 Square ft.
Parcel C of map file #166947

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 \$85,250.

In witness Whereof, I/We have hereunto set my hand/our hands this 20 day of August, 2025

Hugh Ross
(Signature)

Hugh Ross
(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) August 20, 2025

By (person(s) appearing before notary public) Hugh Ross

Katelyn Ziemann
(Notary Public)

My Commission expires: June 6, 2028



KATELYN ZIEMANN
Notary Public - State of Nevada
Appointment Recorded in Eureka County
Notary Public Commission Expires June 6, 2028

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4304341

CERTIFICATE OF DEATH

2022021304
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

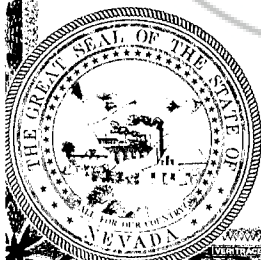
CERTIFIER

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) Carla Gail ROSS				2. DATE OF DEATH (Mo/Day/Year) September 05, 2022		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Eureka		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) [REDACTED]		3d. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 59		7b. UNDER 1 YEAR MOS DAYS	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARITAL STATUS (Specify) Married	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) COOK		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION		8. DATE OF BIRTH (Mo/Day/Yr) July 26, 1963	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		15d. STREET AND NUMBER [REDACTED]	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Louis HOFFMAN				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marion COURCHENE			
18a. INFORMANT - NAME (Type or Print) Hugh ROSS				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 908 Eureka, Nevada 89316			
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) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE NUMBER FD298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803			
20a. SIGNATURE AUTHENTICATED							
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) [REDACTED]				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) MILES A UMINA			
21b. DATE SIGNED (Mo/Day/Yr) September 20, 2022		21c. HOUR OF DEATH 07:37		22b. DATE SIGNED (Mo/Day/Yr) September 20, 2022		22c. HOUR OF DEATH 07:37	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [REDACTED]				22d. PRONOUNCED DEAD (Mo/Day/Yr) September 05, 2022			
22e. PRONOUNCED DEAD AT (Hour) 07:37				23b. LICENSE NUMBER			
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							
24a. REGISTRAR (Signature) DARAN GRISSOM				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 20, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED							
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Complications Of Chronic Ethanol Abuse DUE TO, OR AS A CONSEQUENCE OF: (b) [REDACTED] DUE TO, OR AS A CONSEQUENCE OF: (c) [REDACTED] DUE TO, OR AS A CONSEQUENCE OF: (d) [REDACTED]							
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) 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			



CERTIFIED COPY OF VITAL RECORDS

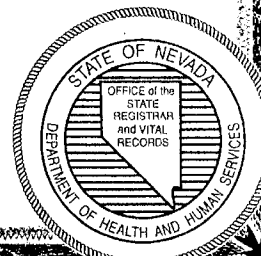
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

9/27/2022

DATE ISSUED:

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE