

APN: 013 020-28  
Recording requested by and mail documents and tax statements to:

Name: Stella Zabriskie

Address: 14234 Box 111

City/State/Zip: Caliente, NV 89008

AFF111mk  
Nevada Legal Forms & Tax Services, Inc.  
www.nevadalegalforms.com



0146785

# AFFIDAVIT-TERMINATION OF JOINT TENANT

## Death of a Joint Tenant

I, Stella Zabriskie, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Rick Zabriskie, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, Rick Zabriskie, named as one of the parties in that certain (type of deed) Quit claim deed, dated on the 07 day of April, January, 2013, and executed by Stella Zabriskie known as Grantor(s), to Stella Zabriskie, Rick Zabriskie, known as Grantees, as joint tenants, and recorded as instrument number 0142960, on the 4 day of April, 2013 in Book 277, of Official Records of Lincoln, County, Nevada, covering the following described property situated in the City of Caliente, County of Lincoln, State of Nevada. (Set forth commonly known address)

Parcel 1A of Stella Zabriskie subsequent Parcel map of Parcel 1 Plat book B, page 10 recorded in book C page 196 of the Lincoln County Records file # 126356. Together with all tenements, hereditaments & appurtenance including easements and water rights, if any, interests belonging or appertaining, & and reversion remainders, rents, issues or profits there of.  
8915 Hwy 93, Caliente NV. 89008

Legal Description:

In Witness Whereof, I/We have hereunto set my/our hand(s) this 2 day of FEB, 20 15.

Stella Zabriskie  
Signature

Signature

STELLA ZABRISKIE  
Print or type name here

Print or type name here

STATE OF Nevada )  
COUNTY OF Lincoln )

On this 2nd day of Feb., 20 15, personally appeared before me, a Notary Public, Stella Zabriskie

personally known to me OR  proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Crystal Budreau  
Notary Public

My commission expires: Mar 20, 2015

Consult an attorney if you doubt this forms fitness for your purpose.





**NEVADA**  
**OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2014021344  
 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) <b>Rickie ZABRISKIE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 24, 2014</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Us 93 Mm 98</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street or Inpatient (Specify)) <b>Lincoln HWY 93 LL97</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>50</b>	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 08, 1964</b>		9a. STATE OF BIRTH (if not U.S.A.) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>11</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE (Maiden name)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
		<b>Automobile Technician</b>		<b>Automobile Repair (garage)</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>	15c. CITY, TOWN OR LOCATION <b>Caliente</b>	15d. STREET AND NUMBER <b>8915 HWY 93</b>	
18. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Leland H ZABRISKIE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Stella R JENNINGS</b>		
18a. INFORMANT - NAME (Type or Print) <b>Stella R. ZABRISKIE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>HC 34 Box 111 Caliente, Nevada 89008</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Conway Veterans Cemetery</b>		19c. LOCATION City or Town State <b>Caliente Nevada 89008</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>807</b>	20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 730 Front Street Caliente NV 89008</b>		
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)			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)			22b. DATE SIGNED (Mo/Day/Yr)		
21c. HOUR OF DEATH			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) <b>Deputy Coroner, Tim UMINA 1050 E SR 322 Pioche, NV 89043</b>				23b. LICENSE NUMBER <b>P033</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 31, 2014</b>		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					
<b>(a) Blunt Force Trauma</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
<b>(b) Being Ejected From A Vehicle</b>				Minutes Or Less	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
<b>(c) Single Vehicle Fatal Accident</b>				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
<b>(d) Broken Neck</b>				Minutes	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
28a. ACC., SUICIDE, NOM. UNDET. OR PENDING INVEST. (Specify) <b>ACCIDENT</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>December 24, 2014</b>	28c. HOUR OF INJURY <b>1632</b>	28d. DESCRIBE HOW INJURY OCCURRED (The decedent was in a one vehicle accident. He was the driver, and the only one in the vehicle. His vehicle left the roadway and was severely damaged. The Force Of The Accident Ejected The Driver/Decedent From The Vehicle.	
28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <b>Highway</b>	28g. LOCATION <b>US 93 MM 98</b>	STREET OR R.F.D. No. CITY OR TOWN STATE <b>Nevada</b>	

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.

DATE ISSUED:

1/14/2015

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

*Rand Whitt*  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

