

APN: 013-020-29
Recording requested by and mail documents and
tax statements to:

Name: Stella Zabriskie
Address: 1434 Ave 11
City/State/Zip: Caldwell NV 89008



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

AFFIDAVIT-TERMINATION OF JOINT TENANT Death of a Joint Tenant

I, Terri Rehl, 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 Claims Deed,
dated on the 18 day of July, 2012, and executed by
Rick Zabriskie,
known as Grantor(s), to Rick Zabriskie, Terri Lynn Zabriskie
known as Grantees, as joint tenants, and recorded as instrument number 0141711,
on the 18 day of July, 2012, in Book 272, of Official
Records of Linn County, County, Nevada, covering the following described property
situated in the City of Caldwell, County of Linn, State
of Nevada. (Set forth commonly known address)

Parcel 113 of parcel map in plat Book
C, Page 196 file # 126356 of
Linn County, Nevada records
8998 July 93, Caldwell NV 89008



Legal Description:

In Witness Whereof, I/We have hereunto set my/our hand(s) this 16th day of Jan., 2015.

Terri Rehl
Signature

Signature

Terri Rehl
Print or type name here

Print or type name here

STATE OF Nevada)
COUNTY OF Lincoln)

On this 16th day of Jan., 2015, personally appeared before me, a Notary Public, Terri Rehl

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.



STATE OF NEVADA
OFFICE OF VITAL RECORDS

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) Rickie ZABRISKIE		2. DATE OF DEATH (Mo/Day/Year) December 24, 2014		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Us 93 Mm 98		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and city) Lincoln HWY 93 LL97		3e. If Hosp. or inst. indicate DOA,GP/Emer. Rm. Inpatient(Spr. city) Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 50	
9a. STATE OF BIRTH (If not U.S.A.) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Automobile Technician		14b. KIND OF BUSINESS OR INDUSTRY Automobile Repair (garage)	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 8915 HWY 93		15e. INSIDE CITY LIMITS (Specify Yes or No) No		8. DATE OF BIRTH (Mo/Day/Yr) September 08, 1964	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Leland H ZABRISKIE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Stella R JENNINGS		
18a. INFORMANT - NAME (Type or Print) Stella R. ZABRISKIE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) HC 34 Box 111 Caliente, Nevada 89008		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Conway Veterans Cemetery		19c. LOCATION City or Town State Caliente Nevada 89008	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) TIM UMINA 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) TIM UMINA SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) December 27, 2014		21c. HOUR OF DEATH 16:32		22b. DATE SIGNED (Mo/Day/Yr) December 27, 2014	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 16:32		22d. PRONOUNCED DEAD (Mo/Day/Yr) December 24, 2014	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Tim UMINA 1050 E SR 322 Pioche, NV 89043				23b. LICENSE NUMBER P033	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 31, 2014		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) Blunt Force Trauma				Interval between onset and death Minutes Or Less	
(b) Being Ejected From A Vehicle				Interval between onset and death Minutes	
(c) Single Vehicle Fatal Accident				Interval between onset and death Minutes	
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Broken Neck				26. AUTOPSY (Specify Yes or No) No	
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) December 24, 2014		28c. HOUR OF INJURY 1632	
28a. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) Highway		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE US 93 MM 98 Lincoln Nevada	

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.

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

