

AFFIDAVIT TERMINATING JOINT TENANCY

1
2 STATE OF CALIFORNIA,)
3 County of San Bernardino.) ss.

4 JANICE C. SPECK, being first duly sworn, deposes and says:

5 That affiant is over the age of twenty-one years and competent to be
6 a witness as to the matters hereinafter stated.

7 That affiant is JANICE C. SPECK, the person named as JANICE C.
8 SPECK, one of the grantees in that certain Joint Tenancy Deed recorded on July
9 31, 1964, as Document No. 39998, in Book 4, Page 564, of Official Records, in
10 the office of the County Recorder of Eureka County, State of Nevada, and in that
11 certain Joint Tenancy Deed recorded on July 31, 1964, as Document No. 39999, in
12 Book 4, Page 565, of Official Records, in the office of the County Recorder of Eureka
13 County, State of Nevada.

14 That RALPH J. SPECK was one of the grantees named in both of the
15 above-mentioned Joint Tenancy Deeds, and was the identical person named as
16 RALPH JOSEPH SPECK, the decedent, in that certain Death Certificate,
17 certified copy of which is annexed hereto and made a part hereof.

18
19 *Janice C. Speck*
20 JANICE C. SPECK

21 Subscribed and sworn to before me
22 this 28th day of August, 1974.

23 *Texie L. Bohannon*
24 NOTARY PUBLIC in and for said County
25 and State



CERTIFICATE OF DEATH

STATE THE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1. NAME OF DECEASED—FIRST NAME RALPH		15. MIDDLE NAME JOSEPH	14. LAST NAME SPECK	2. DATE OF DEATH—MONTH, DAY, YEAR JULY 6, 1974		3. HOUR 1750
3. SEX Male		4. COLOR OR RACE Caucasian	5. BIRTHPLACE—STATE OR FOREIGN COUNTRY Illinois	6. DATE OF BIRTH September 9, 1894	7. AGE 79	8. IF UNDER 24 HOURS YEARS MONTHS DAYS HOURS
8. NAME AND BIRTHPLACE OF FATHER Unknown Speck - Unknown		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Kate Lily - Unknown		13. NAME OF SURVIVING SPOUSE (IF MALE ENTER MAIDEN NAME) Janice C. Kennedy		
10. CITIZEN OF WHAT COUNTRY USA		11. SOCIAL SECURITY NUMBER [REDACTED]	12. MARRIED NEVER MARRIED WIDOWED OR DIVORCED married	17. KIND OF INDUSTRY OF BUSINESS Catering Service		
14. LAST OCCUPATION Caterer		15. NUMBER OF YEARS IN OCCUPATION 5	16. NAME OF LAST EMPLOYING COMPANY OR FIRM unknown	17. KIND OF INDUSTRY OF BUSINESS Catering Service		
18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY St. Vincents Hospital		18b. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2131 West Third Street		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY CITY OR TOWN) yes		
18d. CITY OR TOWN Los Angeles		18e. COUNTY Los Angeles	18f. STATE California	18g. LENGTH OF RESIDENCE IN THIS DISTRICT (YEARS) 2 wks	18h. LENGTH OF RESIDENCE IN CALIFORNIA (YEARS) 61	
19a. USUAL RESIDENCE—STREET ADDRESS, STREET AND NUMBER OR LOCATION 9426 Tamarisk Avenue #56		19b. CITY OR TOWN Hesperia	19c. COUNTY San Bernardino	19d. STATE California	20. NAME AND MAILING ADDRESS OF INFORMANT Mrs. Janice C. Speck - Wife	
21. USUAL RESIDENCE—STREET ADDRESS, STREET AND NUMBER OR LOCATION 9426 Tamarisk Avenue #56		21b. CITY OR TOWN Hesperia	21c. COUNTY San Bernardino	21d. STATE California	20. NAME AND MAILING ADDRESS OF INFORMANT Mrs. Janice C. Speck - Wife	
24. CORONER (NAME OF CORONER, STATE OF CALIFORNIA, COUNTY OF CALIFORNIA, CITY AND PLACE STATED ABOVE) [REDACTED]		25. PHYSICIAN (NAME OF PHYSICIAN, STATE OF CALIFORNIA, COUNTY OF CALIFORNIA, CITY AND PLACE STATED ABOVE) [REDACTED]	26. PHYSICIAN (NAME OF PHYSICIAN, STATE OF CALIFORNIA, COUNTY OF CALIFORNIA, CITY AND PLACE STATED ABOVE) [REDACTED]	27. PHYSICIAN (NAME OF PHYSICIAN, STATE OF CALIFORNIA, COUNTY OF CALIFORNIA, CITY AND PLACE STATED ABOVE) [REDACTED]	28. CORONER (NAME OF CORONER, STATE OF CALIFORNIA, COUNTY OF CALIFORNIA, CITY AND PLACE STATED ABOVE) [REDACTED]	29. DATE SIGNED 7/8/74
22. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Cremation		23. DATE 7/11/74	24. NAME OF CEMETERY OR CREMATORY Victor Valley Memorial Park	25. ADDRESS 123 S. ALVARADO L.A. A-21510	26. EMBALMER—SIGNATURE AND BODY EMBALMER LICENSE NUMBER [REDACTED] 3831	
25. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FOREST LAWN MEMORIAL PARK ASSN.		26. ADDRESS FOREST LAWN MEMORIAL PARK ASSN.	27. CITY OR TOWN FOREST LAWN MEMORIAL PARK ASSN.	28. COUNTY FOREST LAWN MEMORIAL PARK ASSN.	29. STATE FOREST LAWN MEMORIAL PARK ASSN.	
29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) DUE TO OR AS A CONSEQUENCE OF (B) DUE TO OR AS A CONSEQUENCE OF (C) CARDIORESPIRATORY ARREST HYPVOLEMIA POST MITRAL REPAIR MITRAL INSUFFICIENCY		30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH AND RELATED TO THE IMMEDIATE CAUSE STATE HEREIN MITRAL REPAIR No				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
33. SPECIFY ACCIDENT SUICIDE OR HOMICIDE		34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	35. INJURY AT PLACE OF OCCURRENCE	36. DATE OF INJURY—MONTH, DAY, YEAR	37. HOUR	
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. INJURY AT PLACE OF OCCURRENCE	37c. DATE OF INJURY—MONTH, DAY, YEAR	37d. HOUR	38. PERFORMED TESTS (SPECIFY TESTS)	
40. DESCRIBE HOW INJURY OCCURRED (ENTER IN FULL LENGTH OF ENTRY WHICH RESULTS IN DEATH AND WHICH IS THE CAUSE OF DEATH) STI						

MEDICAL AND HEALTH DATA

RECORDED AT THE REQUEST OF Gregory & Gregory
 on Sept. 5 19 74, at 45 mins. past 3 P. M. to
 book 49 of OFFICIAL RECORDS, page 486-487 RECORDS OF
 RUREKA COUNTY, NEVADA. [Signature] Recorder
 File No. 59221 Fee \$4.00