

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF CALIF.)
) ss.
COUNTY OF Los Angeles)

MARIE E. LUXTON, being first duly sworn, deposes and says:

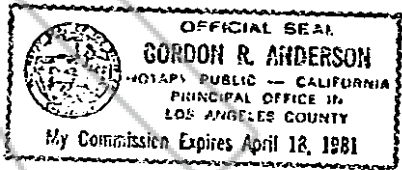
That Affiant was the husband of MARIE E. LUXTON one of the Grantees in that certain Deed dated MARCH 28, 1960, wherein Robert S. Luxton was the Grantor, and Robert S. Luxton and MARIE E. LUXTON, husband and wife, were the Grantees, as joint-tenants with right of survivorship and not as tenants in common, conveying those certain lots, pieces or parcels of land situate in the County of Eureka, State of Nevada, that are described in said Deed, recorded APRIL 12, 1960, in Book 25 of Officials Records, Page 385, File No. 34561, Eureka County Recorder's Office.

That the said Robert S. Luxton, one of the Grantees in said Deed, died in the City of INGLEWOOD, County of Los Angeles, State of CALIFORNIA, on Feb. 11, 1977, and is the identical person named as Robert S. Luxton in that Certified Copy of Certificate of Death marked as Exhibit "A" and attached hereto; that said Certified Copy of the Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

X Marie E. Luxton

Subscribed and sworn to before me,
this 10th day of July, 1978.

J. Re...
NOTARY PUBLIC



STATE OF CALIFORNIA - DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE VET REVOLV		STATE OF CALIFORNIA - DEPARTMENT OF HEALTH OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS		LOCAL REGISTRAR: L. STANLEY CATHARTIS, M.D.			
14. NAME OF DECEASED - FIRST NAME Robert			16. MIDDLE NAME Shirley	18. LAST NAME Luxton	20. DATE OF DEATH - MONTH-DAY-YEAR February 11, 1977		
3. SEX Male			4. COLOR OR RACE Caucasian	5. BIRTHPLACE Illinois	6. DATE OF BIRTH April 20, 1912		
8. NAME AND BIRTHPLACE OF FATHER George H. Luxton - Illinois			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Ena L. Field - Wisconsin				
10. CITIZEN OF WHAT COUNTRY United States			11. SOCIAL SECURITY NUMBER [REDACTED]	12. MARRIED NEVER MARRIED WIDOWED Married	13. NAME OF SURVIVING SPOUSE (IF WIFE ENTER WIDOW LAW) Marie Horner		
14. OCCUPATION Plant & Tool Specialist			15. NUMBER OF YEARS IN THIS OCCUPATION 26 years	16. NAME OF LAST EMPLOYING COMPANY OR FIRM Northrop Corporation	17. KIND OF INDUSTRY OR BUSINESS Aircraft Manufacturing		
18a. PLACE OF DEATH - NAME OF HOSPITAL OR OTHER PATIENT FACILITY Centinel Valley Community Hospital			18b. STREET ADDRESS - STREET AND NUMBER OR LOCATION 555 East Hardy Street		18c. PLACE CITY, COUNTY, STATE, ZIP Yes		
18d. CITY OR TOWN Inglewood			18e. COUNTY Los Angeles	18f. LENGTH OF STAY IN COUNTY (YEARS) 42	18g. LENGTH OF STAY IN STATE (YEARS) 42		
19a. USUAL RESIDENCE - STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4727 West 147th Street #128			19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes	20. NAME AND MAILING ADDRESS OF INFORMANT Marie E. Luxton 4727 West 147th Street #128 Lawndale, Ca. 90260			
19c. CITY OR TOWN Lawndale			19d. COUNTY Los Angeles	19e. STATE California			
21a. CORONER - I HEREBY CERTIFY THAT DEATH OCCURRED AT THE PLACE STATED ON THIS CERTIFICATE AND THAT I HAVE MADE OR CAUSED TO BE MADE A POST-MORTEM EXAMINATION OF THE BODY OF THE DECEASED IN ACCORDANCE WITH THE PROVISIONS OF THE HEALTH AND SAFETY CODE, CHAPTER 12, ARTICLE 1, SECTIONS 120000 THROUGH 120005.			21b. PHYSICIAN - I HEREBY CERTIFY THAT DEATH OCCURRED AT THE PLACE STATED ON THIS CERTIFICATE AND THAT I HAVE MADE OR CAUSED TO BE MADE A POST-MORTEM EXAMINATION OF THE BODY OF THE DECEASED IN ACCORDANCE WITH THE PROVISIONS OF THE HEALTH AND SAFETY CODE, CHAPTER 12, ARTICLE 1, SECTIONS 120000 THROUGH 120005.		21c. PHYSICIAN OR CORONER - SIGNATURE AND PRINTED NAME No. Tansan M.D.	21e. DATE SIGNED 2/14/77	
22a. SPECIFY BURIAL ENTIREMENT OR CREMATION Burial			22b. DATE 2/15/77	23. NAME OF CEMETERY OR CREMATORY Pacific Crest Cemetery	24. REGALMA - SIGNATURE AND PRINTED NAME George E. [REDACTED]		
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) McCormick Mortuary			26. IS THIS DECEASED A MEMBER OF THE ORDER OF THE EASTERN STAR? No	27. LOCAL REGISTRAR SIGNATURE AND PRINTED NAME Liston A. Wilford	28. RECEIVED FOR REGISTRATION FEB 15 1977		
29. PART I - DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) acute coronary occlusion DUE TO OR AS A CONSEQUENCE OF (B) chronic ischemic heart disease DUE TO OR AS A CONSEQUENCE OF (C) _____ CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) - STATING THE UNDERLYING CAUSE (LAST)			ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C			APPROXIMATE INTERVAL BETWEEN DEATH AND TEST	
29. PART II - OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH			31. ADDITIONAL OR OTHER INFORMATION			32a. PLACE OF DEATH	
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE			34. PLACE OF INJURY (STREET AND NUMBER OR LOCALITY AND CITY OR TOWN)	35. INJURY AT WORK (YES OR NO)	36a. DATE OF INJURY		
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCALITY AND CITY OR TOWN)			37b. ON WHAT PART OF BODY WAS THE INJURY RECEIVED (STREET AND NUMBER OR LOCALITY AND CITY OR TOWN)	38. IS THIS DECEASED A MEMBER OF THE ORDER OF THE EASTERN STAR?	39. HOW OCCURRED		
40. DESCRIBE HOW INJURY OCCURRED (ENTER EXACT PLACE OF INJURY WHEN RECEIVED IN BODY, NATURE OF INJURY SHOULD BE ENTERED IN THESE SPACES)							
STATE REGISTRAR A B C D E							

RECORDED AT THE REQUEST OF
Marie E. Luxton
July 17 1978
at 35 mins. past 2 P. M.
in Book 65 of OFFICIAL
RECORDS, page 01-02 RECORDS
OF EUREKA COUNTY, NEVADA
WILL A. DAPAOLI
Recorder
File No. 65678 Fee \$ 4.00

65678

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

FEB 16 1977 FEE \$2.00

Liston A. Wilford
Liston A. Wilford, Director of Health Services