

AFFIDAVIT TERMINATING  
JOINT TENANCY

STATE OF CALIFORNIA                     )  
COUNTY OF LOS ANGELES            ) ss.

ARNOLD BLOOM, being first duly sworn, deposes and says:

1. That affiant is over 18 years of age and competent to testify.

2. That affiant lives at 4375 Ventura Canyon, No. 10, Sherman Oaks, California.

3. That affiant is a joint tenant with Bertha F. Bloom as to an undivided One-Fourth interest in real property located in the County of Eureka, State of Nevada, more properly described as:

Section 3, Township 30 North  
Range 48 East, M. D. B. & M.

4. That on November 13, 1978, Bertha F. Bloom died in Los Angeles County, and a certified copy of the death certificate is marked exhibit "A", attached hereto and by reference made a part hereof.

5. That affiant and Bertha F. Bloom took title as joint tenants as to an undivided interest in that certain quit claim deed dated March 1, 1971, which was recorded in the County of Eureka, State of Nevada on March 12, 1971 as document number 54361 in Book 39, page 124 and 125 of the Official Records of Eureka County, Nevada. A copy of such deed is marked Exhibit "B," attached hereto and by reference made a part hereof.

6. That the affiant is the surviving spouse of Bertha F. Bloom.

7. This affidavit is made pursuant to Nevada Revised Statutes 40.470 and 111.365.

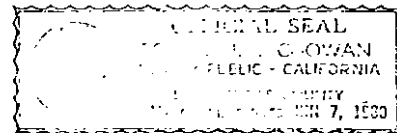
Further Affiant Sayeth Not.

*Arnold A. Bloom*  
\_\_\_\_\_  
ARNOLD BLOOM

SUBSCRIBED and SWORN to before me  
this 11th day of September, 1979.

WILLIAM M. O'MARA  
180 WEST FIRST STREET  
RENO, NEVADA 89505  
TELEPHONE 323-1321

*Robert J. Mc Gowan*  
\_\_\_\_\_  
NOTARY PUBLIC  
in and for the State of California



BOOK 74 PAGE 489

This is a true certified copy of the record  
if it bears the seal, imprinted in purple ink,  
of the Registrar-Recorder.

SEP 19 1979

Registrar-Recorder  
LOS ANGELES COUNTY, CALIFORNIA



CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

0190-050682

|                                                                                                                                                     |  |                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| STATE FILE NUMBER                                                                                                                                   |  | LOCAL REGISTRATION DISTRICT AND CITY                                                                                                           |  |
| 1A. NAME OF DECEDENT—FIRST<br><b>BERTHA</b>                                                                                                         |  | 1B. MIDDLE<br><b>Frank</b>                                                                                                                     |  |
| 1C. LAST<br><b>BLOOM</b>                                                                                                                            |  | 2A. DATE OF DEATH (MONTH, DAY, YEAR)<br><b>NOVEMBER 13, 1978</b>                                                                               |  |
| 3. SEX<br><b>Female</b>                                                                                                                             |  | 4. RACE<br><b>Cauc.</b>                                                                                                                        |  |
| 5. ETHNICITY                                                                                                                                        |  | 6. DATE OF BIRTH<br><b>January 13, 1910</b>                                                                                                    |  |
| 7. AGE<br><b>68</b>                                                                                                                                 |  | 8. IF BORN IN YEAR<br><b>1910</b>                                                                                                              |  |
| 9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)<br><b>Arkansas</b>                                                                             |  | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER<br><b>Clara Frank, Iowa</b>                                                                            |  |
| 11. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                                                                                           |  | 12. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>                                                                                                |  |
| 13. PRINCIPAL OCCUPATION<br><b>Housewife</b>                                                                                                        |  | 14. MARITAL STATUS<br><b>Married</b>                                                                                                           |  |
| 15. BLINDNESS OF YEARS<br><b>42</b>                                                                                                                 |  | 16. EMPLOYER (IF SELF-EMPLOYED, SO STATE)<br><b>Own Home</b>                                                                                   |  |
| 17. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)<br><b>4375 Ventura Canyon Avenue #10</b>                                         |  | 18. CITY OR TOWN<br><b>Sherman Oaks</b>                                                                                                        |  |
| 19A. COUNTY<br><b>Los Angeles</b>                                                                                                                   |  | 19B. STATE<br><b>California</b>                                                                                                                |  |
| 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP<br><b>Arnold Bloom, husband<br/>4375 Ventura Canyon Avenue #10<br/>Sherman Oaks, California</b>      |  | 21. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP<br><b>Arnold Bloom, husband<br/>4375 Ventura Canyon Avenue #10<br/>Sherman Oaks, California</b> |  |
| 22. PLACE OF DEATH<br><b>Kaiser Hospital</b>                                                                                                        |  | 23. STREET ADDRESS (STREET AND NUMBER OR LOCATION)<br><b>13652 Cantara</b>                                                                     |  |
| 24. CITY OR TOWN<br><b>Panorama City</b>                                                                                                            |  | 25. COUNTY<br><b>Los Angeles</b>                                                                                                               |  |
| 26. DEATH WAS CAUSED BY:<br>(A) <b>Respiratory Insufficiency</b><br>(B) <b>Pulmonary Metastases</b><br>(C) <b>AdenoCa of Breast</b>                 |  | 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 23?<br><b>Yes</b>                                                                  |  |
| 28. DATE OF DEATH (MONTH, DAY, YEAR)<br><b>11/13/78</b>                                                                                             |  | 29. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE<br><b>DR. BREDT, MD 13653 cantara st. Panorama city, Calif</b>                                   |  |
| 30. SPECIFY ACCIDENT, SUICIDE, ETC.                                                                                                                 |  | 31. PLACE OF INJURY                                                                                                                            |  |
| 32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)                                                                                       |  | 33. DESCRIBE HOW INJURY OCCURRED; EVENTS WHICH RESULTED IN INJURY                                                                              |  |
| 34. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVIGATION) |  | 35. CORONER—SIGNATURE AND DEGREE OR TITLE                                                                                                      |  |
| 36. DISPOSITION<br><b>Burial</b>                                                                                                                    |  | 37. DATE—MONTH, DAY, YEAR<br><b>Nov. 15, 1978</b>                                                                                              |  |
| 38. NAME AND ADDRESS OF CEMETERY<br><b>Eden Memorial Park, Mission Hills, CA.</b>                                                                   |  | 39. SIGNATURE OF LICENSED BURIAL AND SIGNATURE<br><b>Bill Kander</b>                                                                           |  |
| 40. NAME OF FUNERAL DIRECTOR (FOR PERSON ACTING AS SUCH)<br><b>Grovan Eden Mortuary</b>                                                             |  | 41. LOCAL REGISTRAR—SIGNATURE<br><b>[Signature]</b>                                                                                            |  |
| 42. DATE RECEIVED BY LOCAL REGISTRAR<br><b>NOV 15 1978</b>                                                                                          |  | 43. DATE RECEIVED BY LOCAL REGISTRAR<br><b>NOV 15 1978</b>                                                                                     |  |

70383

RECORDED AT THE REQUEST OF **William M. O'Mara**  
on **October 4**, 19 **79**, at **50** mins. past **10 A.M.** in  
Book **74** of OFFICIAL RECORDS, page **489-490**, RECORDS OF  
EUREKA COUNTY, NEVADA. WILLIS A. DePAOLI Recorder  
File No. **70383** Fee \$ **4.00**

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