

A.P.N.: 005-230-18
File No: 151-2169888 (SG)

When Recorded, Mail To:
Gene D. Vann
606 E. Carroll Avenue
Glendora, CA 91741-3523

BOOK 402 PAGE 154-156
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
First American Title
2004 DEC 20 PM 3:27

EUREKA COUNTY, NEVADA
M.N. REBALANCE RECORDER
FILE NO. FEES 16⁰⁰

194648

AFFIDAVIT - TERMINATING JOINT TENANCY

Gene D. Vann, of legal age, being first duly sworn, deposes and says:

That **M. La Verne Vann**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **M. La Verne Vann** named as one of the parties in that certain **Grant Deed** dated **May 3, 1996** executed by **M. La Verne Vann, a widow and Gene D. Vann, a married man as joint tenants to Gene D. Vann, the survivor and M. La Verne Vann, the deceased** as joint tenants, recorded as Document No. **161906** on **May 16, 1996** in Book **294** page **586** of Official Records of **Eureka County, Nevada** covering the following described property situated in the County of **Eureka, State of Nevada** :

The Northwest quarter (NW1/4) of the Southeast Quarter (SE1/4) of Section 27, Township 30 North, Range 48 East, M.D.B. & M.

Gene D. Vann 12-16-04
Gene D. Vann Date

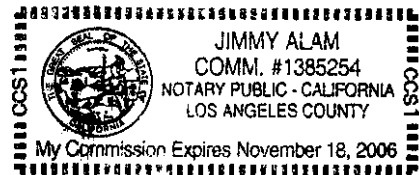
STATE OF **NEVADA** (California)
:SS.
COUNTY OF ~~ELKO~~ Los Angeles)

This instrument was acknowledged before me on
12/16/04 by Jimmy Alam Notary Public

Gene D. Vann

[Signature]
Notary Public

(My commission expires: 11/18/06)



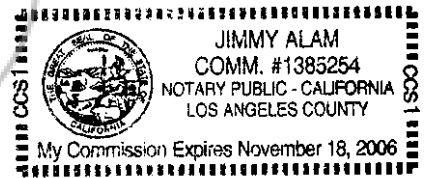
NOTARY INFORMATION

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Name: Jimmy Alam
Address: 728 S Citrus Ave Covina CA 91723
Daytime Phone Number: (626) 612 6076
State: California
County: ~~Los Alam~~ Los Angeles

ALSO, PLEASE PROVIDE US WITH A COPY OF THE IDENTIFICATION USED TO NOTARIZE THE DOCUMENTS, AND A COPY OF YOUR NOTARY LOG PAGE WHERE YOU NOTARIZED THE DOCUMENTS.

PLEASE PROVIDE IN THE SPACE BELOW YOUR NOTARY STAMP:



In the event **First American Title Company of Nevada, a(n) NV Corporation** comes across a problem with the Notary section I, Jimmy Alam (notary public) authorizes **First American Title Company of Nevada, a(n) NV Corporation** to make changes to the notary section only.

[Signature]
Notary Public Signature

Reproduced by First American Title Insurance 1/2001

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE PLACE THE FOLLOWING CROSSSES, TICKS OR ALTERNATIVES

1. NAME OF DECEASED (FIRST INITIAL) Mauda		2. NAME LaVerna		3. LAST NAME Vann	
4. DATE OF BIRTH MM/DD/YYYY 04/18/1906		5. AGE IN YEARS 94		7. DATE OF DEATH MM/DD/YYYY 11/05/2000	
8. STATE OF BIRTH IL		10. SOCIAL SECURITY NO. [REDACTED]		12. MARITAL STATUS Widowed	
13. RACE Caucasian		14. SEX F		15. COMPLETION YEARS EDUCATED 12	
16. OCCUPATION Homemaker		17. TYPE OF RESIDENCE Own Home		18. YEARS IN THIS RESIDENCE 74	
19. USUAL RESIDENCE (STREET AND NUMBER OR LOCATION) 435 E. Gladstone Ave					
21. CITY Glendora		22. COUNTY Los Angeles		23. ZIP CODE 91740	
24. NAME, RELATIONSHIP Cara Vann Son		25. MAILING ADDRESS (Street and number or rural route, city, state and ZIP) 606 E. Carroll Ave, Glendora, CA 91741			
26. NAME OF SURVIVING SPOUSE (First) James		27. OCCASION Ill		28. LAST NAME McPherson	
29. NAME OF SURVIVING SPOUSE (Last) Mauda		30. OCCASION Ill		31. LAST NAME Di...	
32. DATE OF BIRTH 11/09/2000		33. NAME OF BIRTH PLACE Forest Lawn Memorial Park, 24300 W. Valero Dr, Covina, CA 91724			
34. TYPE OF BIRTH (Hospital, Home, etc.) Home		35. NAME OF PHYSICIAN David...		36. LICENSE NO. 4392	
37. NAME OF FUNERAL HOME Forest Lawn Mortuary-Covina		38. ADDRESS 11150...		39. DATE OF FUNERAL 11/07/2000	
40. PLACE OF DEATH Sunbridge (Carnegie) Lib.		41. COUNTY Los Angeles		42. ZIP CODE 91741	
43. PLACE OF DEATH (Street and number or location) 435 E. Gladstone		44. CITY Glendora		45. STATE CA	
46. CAUSE OF DEATH (Immediate cause) Cardio-respiratory arrest		47. DUE TO (ICD-10) Atherosclerotic heart disease		48. YEARS 74	
49. DUE TO (ICD-10)		50. DUE TO (ICD-10)		51. DUE TO (ICD-10)	
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO UNDERLYING CAUSE Anorexia, Alzheimer's Disease					
53. WAS INTERVIEW PERFORMED FOR ANY CONDITION IN TEN OR MORE YEARS LIFE (YES, NO, PARTIAL) No					
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOME DATE AND PLACE STATED FROM THE NAMES STATED OCCURRING AT THE TIME OF DEATH 05/03/1999 09/21/2000		55. SIGNATURE AND TITLE OF CORONER Cynthia A. Stuart M.D.		56. LICENSE NO. A41013	
57. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOME, DATE AND PLACE AS STATED ABOVE THE PATTERNS WERE 2		58. TYPE ATTENDING PHYSICIAN NAME, ADDRESS AND PHONE NO. Cynthia A. Stuart M.D., 440 W. Poothill Blvd., Glendora, CA 91741		59. DATE OF DEATH 11/07/2000	
60. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> DEATH NOT DETERMINED		61. DESCRIBE HOW INJURY ACCURRED (EVENTS WHICH RESULTED IN DEATH)			
62. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		63. DATE MM/DD/YYYY 11/07/2000			
64. REGISTRAR [Signature]		65. FAX AUTH. # 545-788			
66. REGISTRAR		67. CENSUS # 40038689			

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Mark [Signature] ISSUED 200 NOV 13 2000

194648

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

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