

**Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)**

ASSESSOR'S PARCEL NO. (APN#): 05-500-01

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: Lydia M. Kadoun
Address: 839 22nd Place
City/State/Zip: Coeur d'Alene, ID 83814

BOOK 403 PAGE 229-230
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Pamela Chilton
2005 JAN 18 PM 4:34

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 75.00

194999

I, Lydia M. Kadoun, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That Guy James Kadoun, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Guy J. Kadoun
(Deceased Name as shown on Deed)

named as one of the parties in that certain Grant Deed
(Type of Document)

dated on the 29th day of April, 1965, and executed by
Dale N. Hansen, known as "Grantor(s)" to Guy J. & Lydia M. Kadoun,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 41007, on the
29th day of June, 1965, in book 7 Page 557, of Official Records of

Eureka County, Nevada, covering the following described property situated in the City of
Crescent Valley, County of Eureka, State of Nevada.
(Set forth legal description and commonly known street address, if known)

The NW 1/4 of the SW 1/4 of the NW 1/4 of Section #7,
also described as: NW 1/4 of Lot #1 of the Northwest
quarter of Section 7, Township 29-North, Range
49-East, M.D.B. & M as per Govt. Survey

That value of all real property owned by decedent at date of death, including the full value of the property above described, did
not exceed the sum of \$ 1000

In witness Whereof, I/We have hereunto set my hand/our hands this 18th day of September 20 04

x Lydia M. Kadoun (Signature)
Lydia M. Kadoun (Print or type name here)

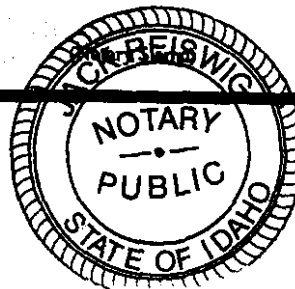
STATE OF NEVADA Idaho

COUNTY OF EUREKA Kootenai

This instrument was acknowledged before me on (date) September 18th, 2004

By (person(s) appearing before notary public) Lydia M. Kadoun

(Notary Public)
My Commission expires: 7-19-2010



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

REDWOOD CITY, CALIFORNIA

96198AG

CERTIFICATE OF DEATH

4100

3355

60

STATE FILE NUMBER		STATE OF CALIFORNIA-DEPARTMENT OF HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEASED—FIRST NAME GUY		1B. MIDDLE NAME JAMES		1C. LAST NAME KADOUN	
2A. DATE OF DEATH—MONTH, DAY, YEAR November 20, 1973		2B. HOUR 12:02 A.M.			
3. SEX Male		4. COLOR OR RACE White		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Dakota	
6. DATE OF BIRTH April 26, 1910		7. AGE (LAST BIRTHDAY) 63 YEARS		8. IF UNDER 1 YEAR 9. IF UNDER 24 HOURS	
8. NAME AND BIRTHPLACE OF FATHER James Kadoun, North Dakota			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Josephine Kubacki, North Dakota		
10. CITIZEN OF WHAT COUNTRY U.S.A.		11. SOCIAL SECURITY NUMBER		12. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (IF FEMALE) Married	
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIED NAME) Lydia Ochalla		14. LAST OCCUPATION Mechanic		15. NUMBER OF YEARS IN THIS OCCUPATION 30	
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE) Swinerton & Walberg		17. KIND OF INDUSTRY OR BUSINESS Engineering			
18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Mary's Help Hospital		18B. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1900 Sullivan Avenue		18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes	
18D. CITY OR TOWN Daly City		18E. COUNTY San Mateo		18F. LENGTH OF STAY IN COUNTRY OF BIRTH one week YEARS	
18G. LENGTH OF STAY IN CALIFORNIA 28 YEARS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 509 Scott Street		19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes	
19C. CITY OR TOWN San Francisco		19D. COUNTY San Francisco		19E. STATE California	
20. NAME AND MAILING ADDRESS OF INFORMANT Mrs. Lydia Kadoun - wife 509 Scott Street San Francisco, Calif.		21A. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE PLACE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE FILED ON THE REGULAR OF DECEASED AS REQUIRED BY LAW (INVESTIGATION BY MURDER?)		21B. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOME, HOME, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED. FROM TO ENTER MONTH, YEAR, ENTER MONTH, DAY, YEAR ENTER MONTH, DAY, YEAR Jan 1960 Nov 19-73 Nov 19-73	
21C. PHYSICIAN OR CORONER—(NAME AND ADDRESS) Robert Nolan, M.D. 8. P. O. Co. 2645 Ocean Ave. S.F.		21D. DATE SIGNED 20 Nov 73		21E. PHYSICIAN'S CALIFORNIA LICENSE NUMBER A12771	
22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial		22B. DATE 11-23-73		23. NAME OF CEMETERY OR CREMATORY Santa Clara Catholic	
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER Rick Russell 3428		25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Gantner-Felder-Kenny		26. IF NOT CLASSIFIED BY CORONER, WAS THIS DEATH REPORTED TO COMPLEAT (SPECIFY YES OR NO) no	
27. LOCAL REGISTRAR—SIGNATURE George Coker M.D.		28. DATE RECEIVED BY REGISTRAR OR LOCAL REGISTRAR 11-21-73			
29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <u>Mitochondrial carcinoma brain</u> DUE TO, OR AS A CONSEQUENCE OF (B) <u>Branchogenic carcinoma</u> DUE TO, OR AS A CONSEQUENCE OF (C)		ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 wk 6 mo	
30. PART II: OTHER SIGNIFICANT CONDITIONS—(CONFINING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE NOTED IN PART I)		31. WAS OPERATION OF BODY PERFORMED FOR (SPECIFY YES OR NO) no		32A. AUTOPSY (SPECIFY YES OR NO) yes	
32B. IF YES, WERE FUNERAL CHARGES OF DEATH (SPECIFY YES OR NO) yes		33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)	
35. INJURY AT WORK (SPECIFY YES OR NO)		36A. DATE OF INJURY—MONTH, DAY, YEAR		36B. HOUR	
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37B. INJURY FROM PLACE OF DEATH TO HOME (SPECIFY YES OR NO) MILES		38. WERE LABORATORY TESTS DONE FOR BONES OR TISSUE (SPECIFY YES OR NO)	
39. WERE LABORATORY TESTS DONE FOR ACCIDENT (SPECIFY YES OR NO)		40. DESCRIBE HOW INJURY OCCURRED (ENTER NUMBER OF DETAILS WHICH QUALIFIED IN INQUIRY, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 23)			
STATE REGISTRAR		A.		B.	
		C.		D.	
		E.		F. 164	



000340087

CERTIFIED COPY OF VITAL RECORDS

SEP 03 2004

STATE OF CALIFORNIA
COUNTY OF SAN MATEO

SS

DATE ISSUED

This is a true and exact reproduction of the original registered and placed on file in the office of the San Mateo County Clerk-Recorder

104999

WARREN Slocum
WARREN SLOCUM
Assessor-County Clerk-Recorder
San Mateo County

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

