

BOOK 423 PAGE 263  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Walter Cuchine*  
2005 SEP 21 AM 10:27

PARCEL NOS. 001-106-03

SEND FUTURE TAX BILLS TO:  
Walter Cuchine  
P.O. Box 242  
Eureka, Nevada 89316

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 17<sup>00</sup>

201108

AFFIDAVIT IN RE JUDITH A. KLINDT, DECEASED

TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA                     )  
  ) SS  
COUNTY OF EUREKA                 )

WALTER E. CUCHINE, being first duly sworn, deposes  
and says:

That affiant is a friend of JUDITH A. KLINDT,  
Deceased. That Decedent died on the 24th day of May, 2005.  
That a certified copy of the Death Certificate is attached  
hereto as Exhibit "A".

That during the lifetime of said Decedent, certain  
real property was acquired in joint tenancy wherein JUDITH  
A. KLINDT and WALTER E. CUCHINE, were the Grantees. That  
under the laws of the State of Nevada, upon the death of  
JUDITH A. KLINDT, the title and ownership of said real  
property became vested in WALTER E. CUCHINE as the surviving  
joint tenant. That said real property was acquired by a  
Deed dated the 4th day of June, 2004, wherein JUDITH A.  
KLINDT and WALTER E. CUCHINE, were the Grantors, and JUDITH  
A. KLINDT and WALTER E. CUCHINE, were the Grantees.

That said Deed was recorded in Book 382, Page 176, Eureka County Records.

That the real property conveyed therein, in joint tenancy, is more particularly described as follows, to-wit:

2/3 INTEREST IN LOT 4 BLOCK 35, AS THE SAME APPEARS UPON THE OFFICIAL MAP THEREOF ON FILE IN THE OFFICE OF THE COUNTY RECORDER, EUREKA COUNTY, NEVADA.

TOGETHER WITH ALL THE BUILDINGS AND IMPROVEMENTS SITUATE THEREON.

That during the lifetime of said Decedent, certain real property was acquired in joint tenancy wherein JUDITH A. KLINDT and WALTER E. CUCHINE, were the Grantees. That under the laws of the State of Nevada, upon the death of JUDITH A. KLINDT, the title and ownership of said real property became vested in WALTER E. CUCHINE as the surviving joint tenant. That said real property was acquired by a Deed dated the 4th day of June, 2004, wherein JUDITH A. KLINDT and WALTER E. CUCHINE, were the Grantors, and JUDITH A. KLINDT and WALTER E. CUCHINE, were the Grantees.

That said Deed was recorded in Book 382, Page 177, Eureka County Records.

That the real property conveyed therein, in joint tenancy, is more particularly described as follows, to-wit:

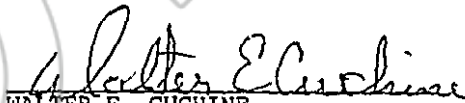
...

...


LOT 11 BLOCK 22, AS THE SAME APPEARS  
UPON THE OFFICIAL MAP THEREOF ON FILE IN  
THE OFFICE OF THE COUNTY RECORDER,  
EUREKA COUNTY, NEVADA.

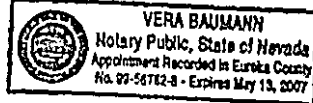
TOGETHER WITH ALL THE BUILDINGS AND  
IMPROVEMENTS SITUATE THEREON.

That by reason of the foregoing, affiant hereby  
declares that the title and interest of JUDITH A. KLINDT,  
Deceased in the above-described real property has vested in  
WALTER E. CUCHINE, as the current surviving Grantee, in fee  
simple, and that WALTER E. CUCHINE, as the current surviving  
Grantee, is the sole and absolute owner thereof, together  
with the tenements, hereditaments, and appurtenances,  
thereunto belonging or appertaining, and the reversion and  
reversions, remainder and remainders, rents, issues and  
profits thereof.

  
WALTER E. CUCHINE

Subscribed and sworn to before me  
this 21<sup>ST</sup> day of Sept., 2005.

  
NOTARY PUBLIC



Grantee's Address:

Walter Cuchine  
P.O. Box 242  
Eureka, Nevada 89316

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

Reno, Nevada

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 118 IMAGE 412

LOCAL FILE NUMBER 1567

STATE FILE NUMBER

|                       |  |  |  |  |   |  |
|-----------------------|--|--|--|--|---|--|
| <b>DECEASED</b>       | 1. <b>DECEASED—NAME</b> First Middle Last<br><b>Judith KLINDT</b>  |  | 2. <b>DATE OF DEATH</b> (Month, Day, Year)<br><b>May 24, 2005</b>  |  | 3. <b>COUNTY OF DEATH</b><br><b>Washoe</b>  |  |
|                       | 4. <b>CITY, TOWN OR LOCATION OF DEATH</b><br><b>Reno</b>   |  | 5. <b>HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)</b><br><b>Regent Care</b>  |  | 6. <b>SEX</b><br><b>Female</b>  |  |
|                       | 7. <b>RACE—(e.g., White, Black, American Indian, etc.) (Specify)</b><br><b>White</b>   |  | 8. <b>Was Decedent of Hispanic Origin? Specify ( ) Yes ( ) No ( ) Yes</b><br><b>No</b>   |  | 9. <b>AGE—Last Birthday (Years)</b><br><b>82</b>  |  |
|                       | 10. <b>DATE OF BIRTH</b> (Month, Day, Year)<br><b>August 23, 1922</b>  |  | 11. <b>EDUCATION</b> (Specify highest grade completed)<br><b>High School Graduate</b>  |  | 12. <b>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b><br><b>Widowed</b>                          |  |
| <b>PARENTS</b>        | 13. <b>STATE OF BIRTH</b> (If not U.S.A., name country)<br><b>California</b>   |  | 14. <b>CITIZEN OF WHAT COUNTRY</b><br><b>USA</b>   |  | 15. <b>DECEDENT'S EDUCATION</b> (Specify highest grade completed)<br><b>High School Graduate</b>          |  |
|                       | 16. <b>SOCIAL SECURITY NUMBER</b><br><b>[REDACTED]</b>   |  | 17. <b>USUAL OCCUPATION</b> (Give kind of work done during latest of Working Life, Even if Retired)<br><b>Artist/Retail</b>  |  | 18. <b>KIND OF BUSINESS OR INDUSTRY</b><br><b>Owner/Operator</b>  |  |
|                       | 19. <b>RESIDENCE—STATE</b><br><b>Nevada</b>  |  | 20. <b>CITY, TOWN, OR LOCATION</b><br><b>Eureka</b>  |  | 21. <b>STREET AND NUMBER</b><br><b>P.O. Box 70</b>  |  |
|                       | 22. <b>FATHER—NAME</b> First Middle Last<br><b>[REDACTED]</b>  |  | 23. <b>MOTHER—MAIDEN NAME</b> First Middle Last<br><b>[REDACTED]</b>   |  | 24. <b>PREVIOUS CITY LIMITS</b> (Specify Yes or No)<br><b>Yes</b>   |  |
| <b>DISPOSITION</b>    | 25. <b>INFORMANT—NAME</b> (Type or Print)<br><b>Martin Ortiz</b>   |  | 26. <b>MAILING ADDRESS</b> (Street or R.F.D. No., City or Town, State, Zip)<br><b>20762 Kelvin Lane Huntington Beach, CA 92646</b>   |  |   |  |
|                       | 27. <b>BURIAL, CREMATION, REMOVAL, OTHER (Specify)</b><br><b>Cremation</b>   |  | 28. <b>CEMETERY OR CREMATORY—NAME</b><br><b>Sierra Crematory</b>   |  | 29. <b>LOCATION</b> City or Town State<br><b>Reno, Nevada</b>   |  |
|                       | 30. <b>FUNERAL DIRECTOR—NAME (For Funeral Agency only)</b><br><b>[REDACTED]</b>  |  | 31. <b>FUNERAL DIRECTOR LICENSE NUMBER</b><br><b>617</b>   |  | 32. <b>NAME AND ADDRESS OF FACILITY</b><br><b>Reno Memorial 253 East Arroyo Street Reno, Nevada 89502</b> |  |
|                       | 33. <b>21a. To be completed by Certifying Physician</b><br>21a. <b>Signature and Title</b><br><b>[Signature]</b><br>21b. <b>DATE SIGNED</b> (Month, Day, Year)<br><b>5/26/05</b><br>21c. <b>HOUR OF DEATH</b><br><b>2305</b><br>21d. <b>NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</b><br><b>[REDACTED]</b> |  | 34. <b>22a. To be completed by Coroner's Office</b><br>22a. <b>Signature and Title</b><br><b>[Signature]</b><br>22b. <b>DATE SIGNED</b> (Month, Day, Year)<br><b>[REDACTED]</b><br>22c. <b>HOUR OF DEATH</b><br><b>[REDACTED]</b><br>22d. <b>PRONOUNCED DEAD</b> (Month, Day, Year)<br><b>[REDACTED]</b><br>22e. <b>PRONOUNCED DEAD (Print)</b><br><b>[REDACTED]</b> |  |   |  |
| <b>CERTIFIER</b>      | 35. <b>NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Medical Examiner, or Coroner)</b> (Type or Print)<br><b>Stephany B. Moore MD 5000 Marina Blvd Reno NV 89502</b>  |  | 36. <b>LICENSE NUMBER</b><br><b>6696</b>   |  | 37. <b>DATE RECEIVED BY REGISTRAR</b> (Month, Day, Year)<br><b>May 27, 2005</b>                           |  |
|                       | 38. <b>REGISTRAR</b><br>38a. <b>Signature</b><br><b>[Signature]</b><br>38b. <b>DATE</b><br><b>May 27, 2005</b>   |  | 39. <b>DEATH DUE TO COMMUNICABLE DISEASE</b><br>39a. <b>YES</b> ( ) <b>NO</b> ( ) <b>NO</b>  |  |   |  |
|                       | 40. <b>IMMEDIATE CAUSE</b> (ENTER ONLY ONE CAUSE PER LINE FOR 40a, 40b, AND 40c)<br>40a. <b>Cardiac Arrest</b><br>40b. <b>Chronic ischemic heart disease</b><br>40c. <b>Atrial fibrillation</b>  |  | 41. <b>INTERVAL BETWEEN ONSET AND DEATH</b><br>41a. <b>Interval between onset and death</b><br><b>Months</b><br>41b. <b>Interval between onset and death</b><br><b>Months</b><br>41c. <b>Interval between onset and death</b><br><b>Months</b>   |  |   |  |
|                       | 42. <b>OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to death but not resulting in the underlying cause given in Part I.<br><b>[REDACTED]</b>   |  | 43. <b>AUTOPSY</b> (Specify Yes or No)<br>43a. <b>NO</b><br>43b. <b>WAS CASE REFERRED TO CORONER</b> (Specify Yes or No)<br><b>NO</b>  |  |   |  |
| <b>CAUSE OF DEATH</b> | 44. <b>ACC., SUICIDE, FATAL UNDET., OR PENDING INVEST.</b> (Specify)<br><b>[REDACTED]</b>  |  | 45. <b>DATE OF INJURY</b> (Month, Day, Year)<br><b>[REDACTED]</b>  |  | 46. <b>HOUR OF INJURY</b><br><b>[REDACTED]</b>  |  |
|                       | 47. <b>PLACE OF INJURY</b> —At home, farm, street, factory, office building, etc. (Specify)<br><b>[REDACTED]</b>   |  | 48. <b>LOCATION</b><br><b>[REDACTED]</b>   |  | 49. <b>STREET OR R.F.D. No.</b><br><b>[REDACTED]</b>  |  |
|                       | 50. <b>CITY OR TOWN</b><br><b>[REDACTED]</b>   |  | 51. <b>STATE</b><br><b>[REDACTED]</b>  |  | 52. <b>DATE OF INJURY</b> (Month, Day, Year)<br><b>[REDACTED]</b>   |  |
|                       | 53. <b>DATE OF INJURY</b> (Month, Day, Year)<br><b>[REDACTED]</b>  |  | 54. <b>HOUR OF INJURY</b><br><b>[REDACTED]</b>   |  | 55. <b>DESCRIBE HOW INJURY OCCURRED</b><br><b>[REDACTED]</b>  |  |

No. 288759

STATE REGISTRAR

Book 423 Page 266

201108

I hereby certify that the above is a true and legal copy of the certificate on file in this office.

*Subara Lee Hunt*

JUN 7 2005

Deputy Registrar:

Date:

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

