

BOOK **438** PAGE **154-156**
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Ron Jones
2006 JUN 19 PM 1:39
EUREKA COUNTY, NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES **16.00**

APN: 005-090-32

Recording requested by:
Ron Jones

and when recorded, please return this
document and tax statements to:
Ron Jones
316 Calif Ave 690
Reno, NV 89509

205299

Document: Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)

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

ASSESSOR'S PARCEL NO. (APN#): 005-090-32

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Ron Jones

Address: 13318 Westheimer #200-240

City/State/Zip: HOUSTON, TX 77077

I, Wanda C. Falkner, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That FRANK HENRY FALKNER, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as FRANK H. FALKNER
(Deceased Name as shown on Deed)

named as one of the parties in that certain GRANT DEED
(Type of Document)

dated on the 16th day of February, 1971, and executed by
FRANK H. FALKNER, known as "Grantor(s)" to FRANK H. FALKNER AND WANDA C. FALKNER,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 54331, on the
22nd day of February, 1971, in book 39, of Official Records of
EUREKA County, Nevada, covering the following described property situated in the City of
EUREKA, County of EUREKA, State of Nevada.
(Set forth legal description and commonly known street address, if known)

Township 31 North, Range 49 East, MDB+M
Section 27: NW $\frac{1}{4}$ SW $\frac{1}{4}$

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 \$ \$3,000.00.

In witness Whereof, We have hereunto set my hand/our hands this 17th day of May, 2006

Wanda C. Falkner

(Signature)

WANDA C. FALKNER

(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on (date)

By (person) appearing before notary public

(Notary Public)

My Commission expires:

WANDA C. FALKNER
MAY 17, 2006

(Notary)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV. 10/03)

3 200437 005008

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		3 200437 005008			
1. NAME OF DECEDENT - FIRST (Given) FRANK		2. MIDDLE HENRY		3. LAST (Family) FALKNER	
4. DATE OF BIRTH mm/dd/yyyy 05/28/1926		5. AGE Yrs. 77		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. SOCIAL SECURITY NUMBER [REDACTED]		9. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
10. MARITAL STATUS (at Time of Death) MARRIED		11. DATE OF DEATH mm/dd/yyyy 03/13/2004		12. HOUR (24 Hours) 2300	
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR'S		14. WAS DECEDENT SPANISH/SPANIC/LATINO? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED DEPARTMENT ADMINISTRATOR		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AIRCRAFT MFG.		18. YEARS IN OCCUPATION 35	
19. DECEDENT'S RESIDENCE (Street and number or location) 1387 CAMINO LORADO		20. CITY SAN MARCOS		21. COUNTY/PROVINCE SAN DIEGO	
22. ZIP CODE 92069		23. YEARS IN COUNTY 17		24. STATE/FOREIGN COUNTRY CA	
25. INFORMANT'S NAME, RELATIONSHIP WANDA FALKNER-WIFE		26. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1387 CAMINO LORADO SAN MARCOS, CA 92069			
27. NAME OF SURVIVING SPOUSE - FIRST WANDA		28. MIDDLE UNK		29. LAST (Maiden Name) FALKNER	
30. NAME OF MOTHER - FIRST FANNY		31. MIDDLE UNK		32. LAST (Maiden) SCHIED	
33. PLACE OF BIRTH GERMANY		34. PLACE OF BIRTH GERMANY			
35. DISPOSITION DATE mm/dd/yyyy 03/24/2004		36. PLACE OF FINAL DISPOSITION FT ROSECRANS NATIONAL CEMETERY SAN DIEGO, CA 92106			
37. TYPE OF DISPOSITION(S) CR/BU		38. SIGNATURE OF EMBALMER NOT EMBALMED		39. LICENSE NUMBER -	
40. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY		41. LICENSE NUMBER FD-1352		42. SIGNATURE OF LOCAL REGISTRAR Nancy L Bowen MD	
43. DATE 03/24/2004					
44. PLACE OF DEATH OWN RESIDENCE		45. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EPOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other		46. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EPOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other	
47. COUNTY SAN DIEGO		48. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1387 CAMINO LORADO		49. CITY SAN MARCOS	
50. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or a ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) CARDIAC ARREST Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) MYOCARDIAL INFARCTION (C) CAD (D) PULMONARY EMBOLI-CU END STAGE RENAL DISEASE, DIABETES MELLITUS		51. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		52. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
53. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		54. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PULMONARY EMBOLI-CU END STAGE RENAL DISEASE, DIABETES MELLITUS		56. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		57. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
58. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy 06/02/1998 03/09/2004		59. SIGNATURE AND TITLE OF CERTIFIER Alex Kay 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ALEX KAY, MD 4647 ZION AVE SAN DIEGO, CA 92120		117. LICENSE NUMBER A053721	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURY DATE mm/dd/yyyy 121. HOUR (24 Hours) 3/19/2004	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
125. SIGNATURE OF CORONER, DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
128. STATE REGISTRAR		129. FAX AUTH. #		130. CENSUS TRACT	



* A 01220624 *

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: March 25, 2004

205299

Unless prepared on engraved border displaying seal and signature of Registrar

BOOK 438 PAGE 156

Nancy L Bowen MD

NANCY L BOWEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE