

BOOK **438** PAGE **154-156**
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Ron Jones
2006 JUN 19 PM 1:39

APN: 005-090-32

Recording requested by:
Ron Jones

EUREKA COUNTY, NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES **16⁰⁰**

205299

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

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

COPY

**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, MDBTM
Section 27: NW 1/4 SW 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

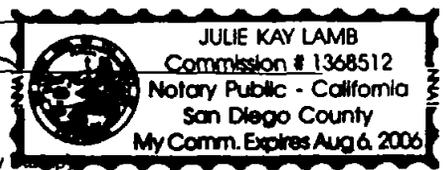
Wanda C. Falkner
(Signature)
WANDA C. FALKNER
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA } CALIFORNIA }
COUNTY OF EUREKA } SAN DIEGO }
This instrument was acknowledged before me on (date) May 17, 2006

By (person) appearing before notary public: WANDA C. FALKNER
Julie Kay Lamb
(Notary Public)
My Commission expires: 8-6-06



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 200437 005008

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) FRANK		3. LAST (Family) FALKNER	
2. MIDDLE HENRY		4. DATE OF BIRTH mm/dd/yyyy 05/28/1926	
5. AGE Yrs. 77		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (Use notation 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. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED DEPARTMENT ADMINISTRATOR		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AIRCRAFT MFG.	
17. YEARS IN OCCUPATION 35		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back.) WHITE	
20. DECEDENT'S RESIDENCE (Street and number or location) 1387 CAMINO LORADO			
21. CITY SAN MARCOS		22. COUNTY/PROVINCE SAN DIEGO	
23. ZIP CODE 92069		24. YEARS IN COUNTY 17	
25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1387 CAMINO LORADO SAN MARCOS, CA 92069	
26. INFORMANT'S NAME, RELATIONSHIP WANDA FALKNER-WIFE		28. NAME OF SURVIVING SPOUSE - FIRST FANNY	
29. MIDDLE UNK		30. LAST (Maiden Name) FALKNER	
31. NAME OF MOTHER - FIRST FANNY		32. MIDDLE UNK	
33. LAST (Maiden Name) SCHIED		34. BIRTH STATE 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. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY		40. LICENSE NUMBER FD-1352	
41. PLACE OF DEATH OWN RESIDENCE		42. DATE mm/dd/yyyy 03/24/2004	
104. COUNTY SAN DIEGO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1387 CAMINO LORADO	
106. CITY SAN MARCOS		107. 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 aneurysm/fibrillation without showing the etiology. DO NOT ABBREVIATE. CARDIAC ARREST	
108. IMMEDIATE CAUSE (A) (Final disease or condition resulting in death) MYOCARDIAL INFARCTION		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. UNDERLYING CAUSE (B) (Disease or injury that initiated the events resulting in death) LAST CAD		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. 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		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date) NO		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. 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: 06/02/1998 Decedent Last Seen Alive: 03/09/2004		113. SIGNATURE AND TITLE OF CERTIFIER Alex Kay	
114. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ALEX KAY, MD		115. LICENSE NUMBER A05322	
116. 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		117. DATE mm/dd/yyyy 3/19/2004	
118. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
119. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		120. INJURY DATE mm/dd/yyyy	
120. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		121. HOUR (24 Hours)	
121. SIGNATURE OF CORONER, DEPUTY CORONER		122. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
122. DATE mm/dd/yyyy		123. FAX AUTH. #	
123. STATE REGISTRAR		124. 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

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

205299 unless prepared on engraved border displaying seal and signature of Registrar

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