

## Official Record

Recording requested By  
STEPHEN T O'DONNELLEureka County - NV  
Mike Rebaleati - Recorder

Fee \$17.00

Page 1 of 4

RPTT:

Recorded By: FS

Book- 0472 Page- 0202



0211828

APN: 00121201

Recording requested by and mail documents and  
tax statements to:

Name: Stephen T. O'Donnell

Address: P.O. Box 2030

City/State/Zip: Lompoc, CA 93438

AFF111mk

Nevada Legal Forms &amp; Books, Inc. (702) 870-8977

www.legalformsrus.com

## AFFIDAVIT-TERMINATION OF JOINT TENANT

## Death of a Joint Tenant

I, Stephen T. O'Donnell, the Affiant, being of legal age, and being first  
duly sworn, deposes and says:

That Dianne A. O'Donnell, the Decedent mentioned in the attached certified  
copy Certificate of Death, is the same person as, Dianne A. O'Donnell, named  
as one of the parties in that certain (type of deed) Grant, Bargain, Sale Deed,  
dated on the 27 day of May, 1994, and executed by  
Donald J. Libolt and Khin Zaw Libolt  
known as Grantor(s), to Stephen T. O'Donnell and Dianne A. O'Donnell,  
known as Grantees, as joint tenants, and recorded as instrument number 153584,  
on the 11 day of July, 1994 in Book 271, 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 commonly known address)

Lot one, Section 14, Township 19 North.  
Range 53 East.

**WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU  
WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER  
RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.**

Legal Description:

Parcel 1 of Parcel "C" of Lot 1, Section 14, Township 19 North, Range 53 East, MDB+M, AS Shown and designated on parcel map filed on September 20, 1988 as file No. 121703 on file in the records of Eureka County, State of Nevada.

In Witness Whereof, I/We have hereunto set my/our hand(s) this 28 day of APRIL, 2008.

Stephen T. O'Donnell  
Signature

Signature

Stephen T. O'Donnell  
Print or type name here

Print or type name here

STATE OF California )  
COUNTY OF Santa Barbara

On this 28 day of APRIL, 2008, personally appeared before me, a Notary Public, STEPHEN T. O'DONNELL

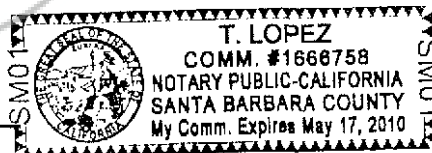
☐ personally known to me OR ☒ proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

T. Lopez

Notary Public

My commission expires: MAY 17, 2010

Consult an attorney if you doubt this forms fitness for your purpose.



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## SANTA BARBARA COUNTY

SANTA BARBARA, CALIFORNIA

Page 1 of 2

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
10-112 (REV. 2004)

3200042001167

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		1. NAME OF DECEDENT - FIRST (GIVEN) <b>DIANNE</b>		2. MIDDLE <b>A.</b>		3. LAST (FAMILY) <b>O'DONNELL</b>	
4. DATE OF BIRTH MM/DD/CCYY <b>06/01/1943</b>		5. AGE YRS. <b>56</b>		6. SEX <b>FEMALE</b>		7. DATE OF DEATH MM/DD/CCYY <b>05/17/2000</b>	
8. HOUR <b>0955</b>		9. STATE OF BIRTH OR <b>CA</b>		10. MILITARY SERVICE <b>NO</b>		11. MARITAL STATUS <b>MARRIED</b>	
12. EDUCATION - YEARS COMPLETED <b>12</b>		13. RACE <b>WHITE</b>		14. HISPANIC - SPECIFY <b>NO</b>		15. USUAL EMPLOYER <b>SELF</b>	
16. OCCUPATION <b>HOMEMAKER</b>		17. KIND OF BUSINESS <b>OWN HOME</b>		18. YEARS IN OCCUPATION <b>38</b>			
19. RESIDENCE - STREET AND NUMBER OR LOCATION <b>2033 CASTILLO STREET</b>							
20. CITY <b>SANTA BARBARA</b>		21. COUNTY <b>SANTA BARBARA</b>		22. ZIP CODE <b>93105</b>		23. YRS IN COUNTY <b>50</b>	
24. STATE OR FOREIGN COUNTRY <b>CA</b>							
25. NAME, RELATIONSHIP <b>STEPHEN O'DONNELL, HUSBAND</b>				26. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>2033 CASTILLO STREET, SANTA BARBARA, CA, 93105</b>			
27. NAME OF SURVIVING SPOUSE - FIRST <b>STEPHEN</b>		28. MIDDLE <b>-</b>		29. LAST (MAIDEN NAME) <b>O'DONNELL</b>		30. BIRTH STATE <b>WA</b>	
31. NAME OF FATHER - FIRST <b>LEROY</b>		32. MIDDLE <b>-</b>		33. LAST <b>NESS</b>		34. BIRTH STATE <b>OR</b>	
35. NAME OF MOTHER - FIRST <b>AGNES</b>		36. MIDDLE <b>-</b>		37. LAST (MAIDEN) <b>DRUMMOND</b>		38. BIRTH STATE <b>OR</b>	
39. DATE MM/DD/CCYY <b>05/18/2000</b>		40. PLACE OF FINAL DISPOSITION <b>RES: HUSBAND, 2033 CASTILLO STREET, SANTA BARBARA, CA 93105</b>					
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				43. LICENSE NO. <b>05/18/2000</b>	
44. NAME OF FUNERAL DIRECTOR <b>WELCH-RYCE-HAIDER</b>		45. LICENSE NO. <b>FD303</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE MM/DD/CCYY <b>05/18/2000</b>	
101. PLACE OF DEATH <b>COTTAGE HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE: <b>ED/OP</b>		103. FACILITY OTHER THAN HOSPITAL: <b>SANTA BARBARA</b>		104. COUNTY <b>SANTA BARBARA</b>	
105. STREET ADDRESS - STREET AND NUMBER OR LOCATION <b>PUEBLO 6 BATH STREET</b>		106. CITY <b>SANTA BARBARA</b>		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C AND D) <b>(A) PULMONARY EMBOLISM</b>		108. DEATH REPORTED TO CORONER <b>NO</b>	
109. IMMEDIATE CAUSE <b>(B) LUNG CANCER</b>		110. TIME INTERVAL BETWEEN ONSET AND DEATH <b>1 HR</b>		111. BIOPSY PERFORMED <b>NO</b>		112. AUTOPSY PERFORMED <b>NO</b>	
113. DUE TO <b>(C)</b>		114. USED IN DETERMINING CAUSE <b>NO AUTOPSY</b>		115. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>NONE</b>			
116. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>							
117. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE: MM/DD/CCYY <b>03/06/2000</b> DECEDENT LAST SEEN ALIVE: MM/DD/CCYY <b>05/10/2000</b>		118. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> <b>GREGG NEWMAN, MD., 317 W. PUEBLO ST., SANTA BARBARA, 93105</b>		119. LICENSE NO. <b>G 79400</b>		120. DATE MM/DD/CCYY <b>05/17/2000</b>	
121. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. <b>119. MANNER OF DEATH</b>		122. INJURY AT WORK <b>NO</b>		123. INJURY DATE MM/DD/CCYY <b>NO</b>		124. HOUR <b>NO</b>	
125. PLACE OF INJURY <b>NO</b>		126. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <b>NO</b>					
127. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) <b>NO</b>							
128. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>				129. DATE MM/DD/CCYY <b>NO</b>		130. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER <b>NO</b>	
STATE REGISTRAR		A 1		B 42		C 2	
D		E		F		G	
H		I		J		K	
L		M		N		O	
P		Q		R		S	
T		U		V		W	
X		Y		Z		AA	
AB		AC		AD		AE	
AF		AG		AH		AI	
AJ		AK		AL		AM	
AN		AO		AP		AQ	
AR		AS		AT		AU	
AV		AW		AX		AY	
AZ		BA		BB		BC	
BD		BE		BF		BG	
BH		BI		BJ		BK	
BL		BM		BN		BO	
BP		BQ		BR		BS	
BT		BU		BV		BW	
BX		BY		BZ		CA	
CB		CC		CD		CE	
CF		CG		CH		CI	
CJ		CK		CL		CM	
CN		CO		CP		CQ	
CR		CS		CT		CU	
CV		CW		CX		CY	
CZ		DA		DB		DC	
DD		DE		DF		DG	
DH		DI		DJ		DK	
DL		DM		DN		DO	
DP		DQ		DR		DS	
DT		DU		DV		DW	
DX		DY		DZ		EA	
EB		EC		ED		EE	
EF		EG		EH		EI	
EJ		EK		EL		EM	
EN		EO		EP		EQ	
ER		ES		ET		EU	
EV		EW		EX		EY	
EZ		FA		FB		FC	
FD		FE		FF		FG	
FH		FI		FJ		FK	
FL		FM		FN		FO	
FP		FQ		FR		FS	
FT		FU		FV		FW	
FX		FY		FZ		GA	
GB		GC		GD		GE	
GF		GG		GH		GI	
GJ		GK		GL		GM	
GN		GO		GP		GQ	
GR		GS		GT		GU	
GV		GW		GX		GY	
GZ		HA		HB		HC	
HD		HE		HF		HG	
HH		HI		HJ		HK	
HL		HM		HN		HO	
HP		HQ		HR		HS	
HT		HU		HV		HW	
HX		HY		HZ		IA	
IB		IC		ID		IE	
IF		IG		IH		II	
IJ		IK		IL		IM	
IN		IO		IP		IQ	
IR		IS		IT		IU	
IV		IW		IX		IY	
IZ		JA		JB		JC	
JD		JE		JF		JG	
JH		JI		JJ		JK	
JL		JM		JN		JO	
JP		JQ		JR		JS	
JT		JU		JV		JW	
JX		JY		JZ		KA	
KB		KC		KD		KE	
KF		KG		KH		KI	
KJ		KK		KL		KM	
KN		KO		KP		KQ	
KR		KS		KT		KU	
KV		KW		KX		KY	
KZ		LA		LB		LC	
LD		LE		LF		LG	
LH		LI		LJ		LK	
LL		LM		LN		LO	
LP		LQ		LR		LS	
LT		LU		LV		LW	
LX		LY		LZ		MA	
MB		MC		MD		ME	
MF		MG		MH		MI	
MJ		MK		ML		MM	
MN		MO		MP		MQ	
MR		MS		MT		MU	
MV		MW		MX		MY	
MZ		NA		NB		NC	
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OB		OC		OD		OE	
OF		OG		OH		OI	
OJ		OK		OL		OM	
ON		OO		OP		OQ	
OR		OS		OT		OU	
OV		OW		OX		OY	
OZ		PA		PB		PC	
PD		PE		PF		PG	
PH		PI		PJ		PK	
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PP		PQ		PR		PS	
PT		PU		PV		PW	
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QF		QG		QH		QI	
QJ		QK		QL		QM	
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SJ		SK		SL		SM	
SN		SO		SP		SQ	
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UB		UC		UD		UE	
UF		UG		UH		UI	
UJ		UK		UL		UM	
UN		UO		UP		UQ	
UR		US		UT		UU	
UV		UW		UX		UY	
UZ		VA		VB		VC	
VD		VE		VF		VG	
VH		VI		VJ		VK	
VL		VM		VN		VO	
VP		VQ		VR		VS	
VT		VU		VV		VW	
VX		VY		VZ		WA	
WB		WC		WD		WE	
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WJ		WK		WL		WM	
WN		WO		WP		WQ	
WR		WS		WT		WU	
WV		WW		WX		WY	
WZ		XA		XB		XC	
XD		XE		XF		XG	
XH		XI		XJ		XK	
XL		XM		XN		XO	
XP		XQ		XR		XS	
XT		XU		XV		XW	
XX		XY		XZ		YA	
YB		YC		YD		YE	
YF		YG		YH		YI	
YJ		YK		YL		YM	
YN		YO		YP		YQ	
YR		YS		YT		YU	
YV		YW		YX		YY	
YZ		ZA		ZB		ZC	
ZD		ZE		ZF		ZG	
ZH		ZI		ZJ		ZK	
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ZP		ZQ		ZR		ZS	
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AJ		AK		AL		AM	
AN		AO		AP		AQ	
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AZ		BA		BB		BC	
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BX		BY		BZ		CA	
CB		CC		CD		CE	
CF		CG		CH		CI	
CJ		CK		CL		CM	
CN		CO		CP		CQ	
CR		CS		CT		CU	
CV		CW		CX		CY	
CZ		DA		DB		DC	
DD		DE		DF		DG	
DH		DI		DJ		DK	

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## SANTA BARBARA COUNTY

SANTA BARBARA, CALIFORNIA

Page 1 of 2

## AFFIDAVIT TO AMEND A RECORD

3200042001167

STATE FILE NUMBER

DEATHS AFTER 1-1994  
NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.
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## PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)	
	DIANNE	A.	O'DONNELL	
	4. SEX	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE
ADDITIONAL INFORMATION TO LOCATE RECORD	F	05/17/2000	SANTA BARBARA	SANTA BARBARA
	8. FATHER'S NAME AS STATED ON ORIGINAL		9. MOTHER'S NAME AS STATED ON ORIGINAL	
LEROY NESS		AGNES DRUMMOND		

## PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
34	WA	2 of 2 SD
LIST ONE ITEM PER LINE		
REASON FOR CORRECTION	13. CHANGE IN INFORMATION	

AFFIDAVITS AND SIGNATURES We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM 14. SIGNATURE OF FIRST PERSON 15. TITLE/RELATIONSHIP TO PERSON IN PART I 16. DATE SIGNED—MM/DD/CCYY

17. AGE 18. ADDRESS (STREET, CITY, STATE, ZIP) 19. SIGNATURE OF SECOND PERSON 20. TITLE/RELATIONSHIP TO PERSON IN PART I 21. DATE SIGNED—MM/DD/CCYY

22. AGE 23. ADDRESS (STREET, CITY, STATE, ZIP) 24. SIGNATURE OF STATE OR LOCAL REGISTRAR 25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY

26. SIGNATURE OF STATE OR LOCAL REGISTRAR 27. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 34(3) (Rev. 1/95)

## CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SANTA BARBARA

DATE ISSUED

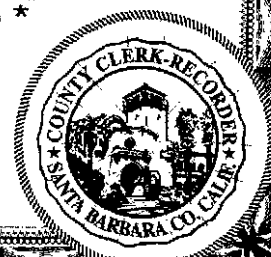
APR 17 2008

\*000054675\*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SANTA BARBARA COUNTY CLERK, RECORDER and ASSESSOR.

JOSEPH E. HOLLAND  
COUNTY CLERK, RECORDER AND ASSESSOR  
SANTA BARBARA, CALIFORNIA  
County Clerk, Recorder and Assessor.

0211828

Book 472  
Page 20505/02/2008  
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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE