

Official Record

Recording requested By
STEPHEN T O'DONNELL

Eureka 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 & Books, Inc. (702) 870-8977

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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

Stephen T. O'Donnell
Print or type name here

STATE OF California)
COUNTY OF Santa Barbara

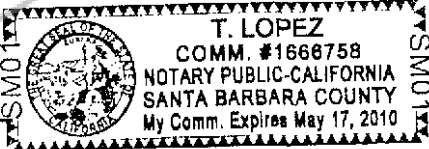
On this 28 day of APRIL, 2008, personally appeared before me, a Notary Public, STEPHEN T. O'DONNELL

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

3200042001167

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS. 112 (REV. 2000)		LOCAL REGISTRATION NUMBER			
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT - FIRST (GIVEN) DIANNE		2. MIDDLE A.		3. LAST (FAMILY) O'DONNELL		
	4. DATE OF BIRTH MM/DD/CCYY 06/01/1943		8. AGE YRS. 56		6. SEX FEMALE		
	9. STATE OF BIRTH OR		11. MILITARY SERVICE NO		12. MARITAL STATUS MARRIED		
	14. RACE WHITE		15. HISPANIC - SPECIFY NO		16. USUAL EMPLOYER SELF		
	17. OCCUPATION HOMEMAKER		18. KIND OF BUSINESS OWN HOME		19. YEARS IN OCCUPATION 38		
USUAL RESIDENCE	29. RESIDENCE - STREET AND NUMBER OR LOCATION 2033 CASTILLO STREET						
	11. CITY SANTA BARBARA		22. COUNTY SANTA BARBARA		23. ZIP CODE 93105		
INFORMANT	26. NAME, RELATIONSHIP STEPHEN O'DONNELL, HUSBAND			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2033 CASTILLO STREET, SANTA BARBARA, CA, 93105			
	28. NAME OF SURVIVING SPOUSE - FIRST STEPHEN		29. MIDDLE -		30. LAST (MAIDEN NAME) O'DONNELL		
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER - FIRST LEROY		32. MIDDLE -		33. LAST NESS		
	36. NAME OF MOTHER - FIRST AGNES		36. MIDDLE -		37. LAST (MAIDEN) DRUMMOND		
	38. BIRTH STATE WA		39. BIRTH STATE OR		1 of 2		
DISPOSITIONS	36. DATE MM/DD/CCYY 05/18/2000		40. PLACE OF FINAL DISPOSITION RES: HUSBAND, 2033 CASTILLO STREET, SANTA BARBARA, CA 93105				
	41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO.		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	44. NAME OF FUNERAL DIRECTOR WELCH-RYCE-HALDER		45. LICENSE NO. FD303		46. SIGNATURE OF LOCAL REGISTRAR <i>Wendy Schuler</i>		
	47. DATE MM/DD/CCYY 05/18/2000						
PLACE OF DEATH	101. PLACE OF DEATH COTTAGE HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: ISR/OP		104. COUNTY SANTA BARBARA		
	105. STREET ADDRESS - STREET AND NUMBER OR LOCATION PUEBLO & BATH STREET				106. CITY SANTA BARBARA		
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C AND D)				TIME INTERVAL BETWEEN ONSET AND DEATH		
	IMMEDIATE CAUSE (A) PULMONARY EMBOLISM				1 HR.		
	DUE TO (B) LUNG CANCER				4 MOS		
	DUE TO (C)						
	DUE TO (D)						
109. BIOPSY PERFORMED				NO			
110. AUTOPSY PERFORMED				NO			
111. USED IN DETERMINING CAUSE				NO AUTOPSY			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO							
PHYSICIAN'S CERTIFICATION	114. 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 MM/DD/CCYY 03/06/2000		115. SIGNATURE AND TITLE OF CERTIFIER <i>Gregg Newman</i>		116. LICENSE NO. G 79400		
	DECEDENT LAST SEEN ALIVE MM/DD/CCYY 05/10/2000		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP GREGG NEWMAN, MD., 317 W. PUEBLO ST., SANTA BARBARA, 93105				
CORONER'S USE ONLY	119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE MM/DD/CCYY		
			122. HOUR		123. PLACE OF INJURY		
	124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER			127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		
STATE REGISTRAR	A	B	C	D	E	F	
	1	42	2				
FAX AUTH.#		3147918		3147918		CENSUS TRACT	
						000300	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA BARBARA } SS

DATE ISSUED

APR 17 2008



000054670

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.

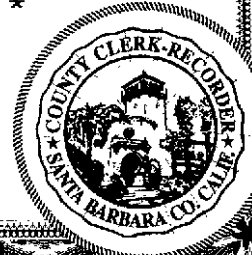
Joseph E. Holland
JOSEPH E. HOLLAND
COUNTY CLERK, RECORDER and ASSESSOR
SANTA BARBARA, CALIFORNIA
County Clerk, Recorder and Assessor.



0211828

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

NO ERASURES, WHITEOUTS, OR ALTERATIONS

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
ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE
	F	05/17/2000	SANTA BARBARA
	7. COUNTY OF OCCURRENCE	8. FATHER'S NAME AS STATED ON ORIGINAL	9. MOTHER'S NAME AS STATED ON ORIGINAL
	SANTA BARBARA	LEROY NESS	AGNES DRUMMOND

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

LIST ONE ITEM PER LINE	10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
		34	WA 2012

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
	<i>[Signature]</i>	SECRETARY	05/19/2000
USE BLACK INK ONLY	17. AGE	18. ADDRESS (STREET, CITY, STATE, ZIP)	19. SIGNATURE OF SECOND PERSON
	21+	15 EAST SOLA STREET, SANTA BARBARA, CA 93101	<i>[Signature]</i>
	20. TITLE/RELATIONSHIP TO PERSON IN PART I	21. DATE SIGNED—MM/DD/CCYY	
	REPRESENTATIVE	05/19/2000	

STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR	25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY
	<i>[Signature]</i>	05/19/2000

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } COUNTY OF SANTA BARBARA } SS

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

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ANY ALTERATION OR ERASURE VOIDES THIS CERTIFICATE