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
www.legalformsrus.com

DOC # 0211828

Recorded By. FS

Record Official

Recording requested By STEPHEN T O'DONNELL

Eureka County - NV Mike Rebaleati - Recorder Page 1 of 4 Fee \$17.00

RPTT: Book- 0472 Page-0202

## **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 <u>Diabne A. O'Donnell</u> , 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
Donaldd, 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 $\frac{11}{100}$ day of $\frac{101}{100}$ $\frac{1994}{100}$ in Book $\frac{271}{100}$ of Official
Records of Eureka County, Nevada, covering the following described
property situated in the City of $\underbrace{\mathcal{E} \cup \mathcal{F} \in \mathcal{K} }_{\mathcal{C}}$ , County of $\underbrace{\mathcal{E} \cup \mathcal{F} \in \mathcal{K} }_{\mathcal{C}}$
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	Descri	ntion
reader	Descri	PUVII.

Parcel 1 of Parcel "" 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.
20 <u>08</u> .
Sterken 2 Olangell
Signature Signature
Signature  Signature  Signature  Print or type name here  Print or type name here
Print or type name here Print or type name here
STATE OF California )
DIALOI / )
COUNTY OF Barbara
On this 28 day of Apell 2008, personally appeared before me,
a Notary Public, STEPHEN T. ODONNELL
□ 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 LODE 7
COMM. #1666758  NOTARY PUBLIC-CALIFORNIA  SANTA BARBARA COUNTY  My Comm. Expires May 17, 2010
Notary Public
My commission expires: MAY 17, 2010
Consult an attorney if you doubt this forms fitness for your purpose.

Affidavit-Termination of Joint Tenant

Page 2 of 2

Initials <u>S</u>



CERTIFICATION OF VITAL RECORD

## **SANTA BARBARA COUNTY**

SANTA BARBARA, CALIFORNIA

_	DECEDENT PERSONAL DATA USUAL RESIDENCE	STATE FILE NUMBER  1. NAME OF DECEDENT — FIRS DIANNIE  4. DATE OF ERRIT — NAME OF OF OR	CCYY	I. AGE YRS 56 HISPANIC	2. MIDDLE  A. FUNDER 1 YEA  MONTHS DAY  11. MIL	TARY SERVIC	121 HOURS	6. SEX FEMALE	DOMNELL  7. DATE OF DEATH	1	8. HO JA
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<u></u>	RESIDENCE		TREET					The state of the s		-	The same of the sa
_		21. CITY			COUNTY	A Property Lines	23. Ž.P			NTY 28. STATE OR	FOREIGN COUN
_		Santa Barbara		SP	INTA BARBA		93:		50	CA	
_		26. NAME, RELATIONSHIP			1				NUMBER OR RURAL ROU		
_	INFORMANT	STEPHEN O'DOMNI	ELL, HUS	BAND	1	2033	CASTI	LLO STRI	SET, SANTA D	ARBARA, CA,	93105
		28. NAME OF SURVIVING SPOL	SE — FIRSY		29. MODLE	1		796.	AAIDEN NAME)		
	ABOURE	STEPHEN			7"	1		O. DOM	ELL		
	SPOUSE AND	31, NAME OF FATHER FIRST	,	la.	32, MIDDLE			33. LAST			SA, BURTH ST
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1	NFORMATION	36. NAME OF MOTHER - HIRS	T		36. MIDDLE	N		37. LAST (N			38. BIRTH ST
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_		39. DATE ME /DD / CCYY	40. PLACE O			75		-/	7		
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	DIRECTOR	CR/RES			NOT	EMBALN	ed 🤺	1			
	AND	44. NAME OF PUNERAL DIREC	TOR	in and a second	45. LICENS	E NO. 48.	SIGNATURE	OF LOOKS REG		47. DATE	8 / 20
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-	REGISTRAR	101, PLACE OF DEATH						3, FACILITY OT	IER THAN HOSPITAL!	104. COUNTY	
	PLACE	COTTAGE HOSPIT	AT.		ER/OF		1	74	i.	SANTA BA	REARA
	QF	105. STREET ADDRESS ST		ER OR LO					1	106. CITY	
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		DOE LO (B) TONG	CANCER			1			4 MOS		NO
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The state of the s	1	DUE TO (D)								<u> </u>	NO AUTOPS
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7	N	NONE									
-	-	113. WAS OPERATION PERFO	AMED FOR ANY	COMPINIO	N IN ITEM 107 OR 11:	TYES, US	ST TYPE OF	OPERATION AN	D DATE.		
AND DESCRIPTION OF THE PERSON		NO	in.			/_	1				
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SANTA BARBARA

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

COUNTY CLERK, RECORDER and ASSESSOR ANTA BARBARA, CALIFORNIA

lounty Clerk, Recorder and Assessor.

0211828 Book 472 05/1

05/02/2008





## **SANTA BARBARA COUNTY**

SANTA BARBARA, CALIFORNIA

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STATE OF CALIFORNIA COUNTY OF SANTA BARBARA SS

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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.

INTY CLERK, RECORDER and ASSESSOR A BARBARA, CALIFORNIA

ty Clerk. Recorder and Assessor.



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