

DOC # 0213022

01/07/2009

01:53 PM

## Official Record

Recording requested By  
WILLIAM JAMES RICHARDSON

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

Page 1 of 3

RPTT:

Recorded By: FES

Book- 0484 Page- 0390

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

ASSESSOR'S PARCEL NO. (APN#): 005-670-38

## RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: William James Richardson

Address: 9361 Clouthaven Drive

City/State/Zip: Huntington Beach, CA 92646



0213022

I, William James Richardson, the Affiant, being of legal age, and being first duly sworn,  
deposes and says:That Duaine G. Burdette, the decedent mentioned in the  
(Deceased Name as shown on Death Certificate)attached certified copy Certificate of Death, is the same person as Duaine G. Burdette  
(Deceased Name as shown on Deed)named as one of the parties in that certain Grant Deed  
(Type of Document)dated on the Fourteenth day of January, 1997, and executed by  
Duaine G. Burdette, known as "Grantor(s)" to William James Richardson,  
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 168971, on the  
Fourteenth day of January, 1997, in book 315, of Official Records of  
the County Recorder of Eureka County, Nevada, covering the following described property situated in the City of  
None (see below), County of Eureka, State of Nevada.  
(Set forth legal description and commonly known street address, if known)

The SW 1/4 of the SW 1/4 of Section 7, Township 28 North, Range 52 East (36.53 Acres)

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 \$ N/A

In witness Whereof, I/We have hereunto set my hand/our hands this \_\_\_\_\_ day of January 5, 20 09

(Signature)  
William J. Richardson

(Print or type name here)

(Signature)  
Donna M. Richardson

(Print or type name here)

STATE OF NEVADA )

COUNTY OF EUREKA )

This instrument was acknowledged before me on (date) \_\_\_\_\_

By (person(s) appearing before notary public) \_\_\_\_\_

(Notary Public)

My Commission expires: \_\_\_\_\_

(Notary Stamp)

STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

# COUNTY OF ORANGE

## HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701

### CERTIFICATE OF DEATH

3200830014798

STATE FILE NUMBER		3. LAST (Family)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)	
DUAINE		GEORGE		BURDETTE	
4. DATE OF BIRTH (month/day/year)					
03/04/1924					
5. AGE YRS.					
84					
6. SEX					
M					
7. DATE OF DEATH (month/day/year)					
10/31/2008					
8. HOUR (24 Hours)					
0100					
9. BIRTH STATE/FOREIGN COUNTRY					
WEST VIRGINIA					
10. SOCIAL SECURITY NUMBER					
[REDACTED]					
11. EVER IN U.S. ARMED FORCES?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK					
12. MARITAL STATUS (at time of death)					
WIDOWED					
13. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)					
CAUCASIAN					
14. USUAL OCCUPATION — Type of work or most recent. DO NOT USE RETIRED					
ADMINISTRATOR					
15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real construction, employment agency, etc.)					
AIRCRAFT					
16. YEARS IN OCCUPATION					
22					
17. DECEDENT'S RESIDENCE (Street and number or location)					
10692 MELRIC AVE.					
18. CITY					
GARDEN GROVE					
19. COUNTY/PROVINCE					
ORANGE					
20. ZIP CODE					
92843					
21. YEARS IN COUNTY					
21					
22. STATE/FOREIGN COUNTRY					
CALIFORNIA					
23. INFORMANT'S NAME, RELATIONSHIP					
LINDA BURDETTE, DAUGHTER					
24. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
10692 MELRIC AVE., GARDEN GROVE, CA 92843					
25. NAME OF SURVIVING SPOUSE — FIRST					
26. MIDDLE					
27. LAST ( Maiden Name)					
28. NAME OF FATHER — FIRST					
29. MIDDLE					
30. LAST					
31. NAME OF MOTHER — FIRST					
32. MIDDLE					
33. LAST					
34. BIRTH STATE					
35. NAME OF FATHER — FIRST					
36. MIDDLE					
37. LAST					
38. BIRTH STATE					
39. NAME OF MOTHER — FIRST					
40. MIDDLE					
41. LAST					
42. BIRTH STATE					
43. DISPOSITION DATE (month/day/year)					
11/06/2008					
44. PLACE OF FINAL DISPOSITION					
RES. LINDA BURDETTE					
10692 MELRIC AVE., GARDEN GROVE, CA 92843					
45. TYPE OF DISPOSITION(S)					
CR/RES					
46. SIGNATURE OF EMBALMER					
NOT EMBALMED					
47. LICENSE NUMBER					
FD658					
48. SIGNATURE OF LOCAL REGISTRAR					
ERIC G. HANDLER, M.D.					
49. DATE (month/day/year)					
11/03/2008					
50. PLACE OF DEATH					
RESIDENCE					
51. COUNTY					
ORANGE					
52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)					
10692 MELRIC AVE.					
53. CITY					
GARDEN GROVE					
54. CAUSE OF DEATH					
IMMEDIATE CAUSE (Disease or condition resulting in death)					
A) CARDIOPULMONARY ARREST					
B) RESPIRATORY FAILURE					
C) PULMONARY FIBROSIS					
D) OTHER (Specify condition contributing to death but not resulting in the underlying cause given in 107)					
DIABETES MELLITUS					
108. TIME OF DEATH					
109. DEATH REPORTED TO CORONER					
110. DEATH REPORTED TO CORONER					
111. UNUSUAL CIRCUMSTANCES					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
114. SIGNATURE AND TITLE OF CERTIFIER					
WILLIAM P KLEIN M.D.					
115. LICENSE NUMBER					
G14712					
116. DATE (month/day/year)					
11/03/2008					
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
WILLIAM P KLEIN M.D.					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
1501 SUPERIOR #111, NEWPORT BEACH, CA 92663					
119. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
120. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
123. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
124. SIGNATURE OF CORONER / DEPUTY CORONER					
125. DATE (month/day/year)					
126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
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## ACKNOWLEDGMENT

State of California  
County of ORANGE } ss.

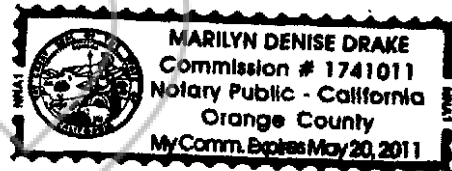
On JANUARY 5, 2009 before me, MARILYN DENISE DRAKE  
Notary Public, personally appeared WILLIAM JAMES RICHARDSON AND  
DEANNA M. RICHARDSON

who proved to me on the basis of satisfactory evidence to be the person(s) whose  
name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that  
he/~~she~~/they executed the same in his/~~her~~/their authorized capacity(ies), and that by  
his/~~her~~/their signatures(s) on the instrument the person(s), or the entity upon behalf of  
which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the  
foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Marilyn Denise Drake  
Signature



### OPTIONAL INFORMATION

Date of Document JAN 5, 2009 Thumbprint of Signer

Type or Title of Document

AFFIDAVIT TERMINATION OF  
JOINT TENANCY

Number of Pages in Document

Document in a Foreign Language

NO

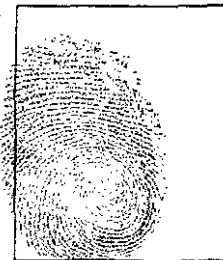
Type of Satisfactory Evidence:

- ☒ Personally Known with Paper Identification  
☐ Paper Identification  
☐ Credible Witness(es)

Capacity of Signer:

- ☐ Trustee  
☐ Power of Attorney  
☐ CEO / CFO / COO  
☐ President / Vice-President / Secretary / Treasurer  
☐ Other: \_\_\_\_\_

Other Information: \_\_\_\_\_



☐ Check here if  
no thumbprint  
or fingerprint  
is available.



0213022

Book 484 01/07/2009  
Page 392 Page: 3 of 3