

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: <u>William James Richardson</u>
Address: <u>9361 Cloudbaven Drive</u>
City/State/Zip: <u>Huntington Beach, CA 92646</u>



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 ¼ of the SW ¼ 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, 2009

William J. Richardson
(Signature)
William J. Richardson
(Print or type name here)

Donna Marie Richardson
(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)

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

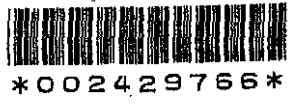
CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BACK (M/D/K) IF NO EMPLOYER, WHITEOUTS OR ALTERATIONS
15-10052 (02)

3200830014798
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					
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
WEST VIRGINIA		[REDACTED]		[X] YES [] NO [] LINK	
12. EDUCATION - Highest Level/Degree (See work sheet on back)		13. WAS DECEDECENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER (See work sheet on back)		14. DECEDECENT'S RACE - Up to 3 races may be listed (see work sheet on back)	
HS GRADUATE [] YES [X] NO		[X] NO		CAUCASIAN	
17. USUAL OCCUPATION - Type of work or most recent. DO NOT USE RETIRED			16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real estate, employment agency, etc.)		18. YEARS IN OCCUPATION
ADMINISTRATOR			AIRCRAFT		22
20. DECEDENT'S RESIDENCE (Street and number in location)					
10692 MELRIC AVE.					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
GARDEN GROVE		ORANGE		92843	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
21		CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
LINDA BURDETTE, DAUGHTER			10692 MELRIC AVE., GARDEN GROVE, CA 92843		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
-		-		-	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
GEORGE		W.		BURDETTE	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST			
WV		36. MIDDLE			
-		37. LAST (Maiden)			
-		38. BIRTH STATE			
-		PA			
39. DISPOSITION DATE (month/day/year)		40. PLACE OF FINAL DISPOSITION			
11/06/2008		RES. LINDA BURDETTE 10692 MELRIC AVE., GARDEN GROVE, CA 92843			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		NOT EMBALMED		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
DOUGLASS MORTUARY		FD658		ERIC G. HANDLER, M.D.	
47. DATE (month/day/year)		48. DATE (month/day/year)			
11/03/2008		11/03/2008			
101. PLACE OF DEATH					
RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
[] IP [] ER/OP [] DCA [] Hospice [] Nursing Home, TC [X] Decedent's Home [] Other		[] Decedent's Home [] Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
ORANGE		10692 MELRIC AVE.		GARDEN GROVE	
107. CAUSE OF DEATH					
List the chain of events - diseases, injuries, or infirmitates - that directly caused death. DO NOT state terminal events such as cardiac arrest, respiratory arrest, or ventilator disconnection without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		108. DEATH REPORTED TO CORONER (Time Informed (Between 12:00 AM and 12:00 PM))		109. DEATH REPORTED TO CORONER (MINS)	
A) CARDIOPULMONARY ARREST		[X] YES [] NO		08-06496RL	
B) RESPIRATORY FAILURE		110. BODY PERFORMED (MOS)		111. AUTOPSY PERFORMED (YRS)	
[] YES [X] NO		[] YES [X] NO		[] YES [X] NO	
C) PULMONARY FIBROSIS		112. USED IN DETERMINING CAUSE?		113. USED IN DETERMINING CAUSE?	
[] YES [X] NO		[] YES [] NO		[] YES [] NO	
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
DIABETES MELLITUS					
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 114? (If yes, list type of operation and date)					
[] NO					
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		117. SIGNATURE AND TITLE OF CERTIFIER		118. LICENSE NUMBER	
[] Deceased Attended Since [] Decedent List Been Alive		[X] WILLIAM P KLEIN M.D.		G14712	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. DATE (month/day/year)			
WILLIAM P KLEIN M.D. 1501 SUPERIOR #111, NEWPORT BEACH, CA 92663		11/03/2008			
121. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
MANNER OF DEATH [] Natural [] Accidental [] Homicide [] Suicide [] Pending Investigation [] Could not be determined		122. INJURED AT WORK?		123. INJURY DATE (month/day/year)	
[] YES [] NO [] LINK		[] YES [] NO [] LINK		[] YES [] NO [] LINK	
124. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
126. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
127. SIGNATURE OF CORONER / DEPUTY CORONER		128. DATE (month/day/year)		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
ERIC G. HANDLER, M.D.		11/03/2008		HEALTH OFFICER	
STATE REGISTRAR					
A		B		C	
D		E		F	

CERTIFIED COPY OF VITAL RECORDS

NOV 07 2008

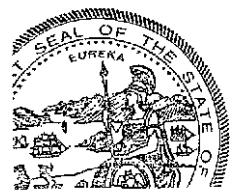


STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Eric G. Handler M.D.
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA



This copy not...

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 signature(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

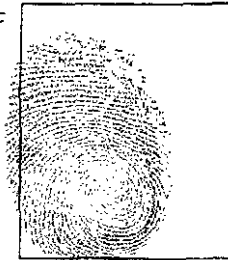
Type or Title of Document AFFIDAVIT - TERMINATION OF
JOINT TENANCY

Number of Pages in Document 1

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: _____



Check here if no thumbprint or fingerprint is available.

Other Information: _____



0213022