



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

ASSESSOR'S PARCEL NO. (APN#): 005-260-32

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Eileen A Hufstetler

Address: 1600 Northwood Rd. #275B

City/State/Zip: Seal Beach, CA 90740

I, Eileen A. Hufstetler, the Affiant, being of legal age, and being first duly sworn, deposes and says:
That Ronald Claude Hufstetler, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Ronald C. Hufstetler
(Deceased Name as shown on Deed)

named as one of the parties in that certain Deed
(Type of Document)

dated on the 7th day of January, 1976, and executed by Floyd H. & Frances Smithson known as "Grantor(s)" to Ronald C. & Eileen A. Hufstetler, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. page 50 & 51, on the 7th day of January, 1976, in book 5-4, 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 legal description and commonly known street address, if known)

See exhibit A

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 \$ 0

In witness Whereof, I/We have hereunto set my hand/our hands this 31 day of March 20 09

Eileen A. Hufstetler
(Signature)
EILEEN A. HUFSTETLER
(Print or type name here)

(Signature)

(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)

See attachment for notary seal

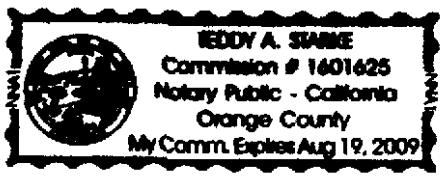
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Orange

On 3-31-09 before me, Teddy A. Storde Notary Public

personally appeared Eileen A. Hufstetter



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.

Signature Teddy A. Storde

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit - Termination of Joint Tenancy

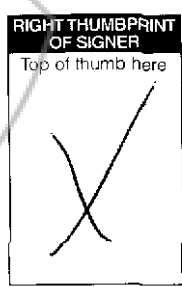
Document Date: 3-31-09 Number of Pages: 1

Signer(s) Other Than Named Above: none

Capacity(ies) Claimed by Signer(s)

Signer's Name: Eileen A. Hufstetter

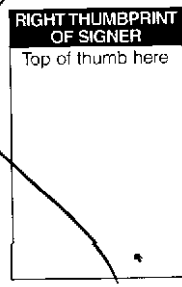
- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____



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

3200830000442

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, HIGHLIGHTS OR ALTERATIONS PS-10002 (09)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
RONALD		CLAUDE		HUFSTETLER	
4A. ALSO KNOWN AS - include full name (FIRST, MIDDLE, LAST)					
4. BIRTH (STATES/FOREIGN COUNTRY)		10. SOCIAL SECURITY NUMBER		11. EVEN IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
UTAH		[REDACTED]		[REDACTED]	
5. DATE OF BIRTH (mm/dd/yyyy)		6. AGE Yrs.		7. SEX (M/F)	
03/30/1930		77		M	
8. MARITAL STATUS - At Time of Death		9. DATE OF DEATH (mm/dd/yyyy)		10. HOUR (24 Hours)	
MARRIED		01/09/2008		1620	
12. EDUCATION - Highest Level/Degree (Use Abbreviation on Deck)		14/15. WAS DECEDENT HISPANIC/LATINO/AMERICAN? If yes, see checkbox on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
BACHELOR		[REDACTED]		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
ENGINEER		AEROSPACE		30	
20. DECEDENT'S RESIDENCE (Street and number or location)					
1600 NORTHWOOD ROAD #275B					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
SEAL BEACH		ORANGE		90740	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
35		CALIFORNIA			
28. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, City or town, state, ZIP)		
EILEEN HUFSTETLER, WIFE			1600 NORTHWOOD ROAD #275B, SEAL BEACH, CA 90740		
29. NAME OF SURVIVING SPOUSE - FIRST		30. MIDDLE		31. LAST (maiden Name)	
EILEEN		ANNETTE		BLANKINSHIP	
32. NAME OF FATHER - FIRST		33. MIDDLE		34. LAST	
CLAUDE		LEROY		HUFSTETLER	
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST (maiden)	
NELLIE		MARGUERITE		THOMPSON	
38. DATE OF DEATH (mm/dd/yyyy)		39. PLACE OF FINAL DISPOSITION			
01/15/2008		WESTMINSTER MEMORIAL PARK 14801 BEACH BOULEVARD, WESTMINSTER, CA 92683			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMERALGEM		43. LICENSE NUMBER	
BU		LA REE MERICKEL		EMB7928	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
WESTMINSTER MEMORIAL PARK MORT		FD1030		ERIC G. HANDLER, M.D.	
47. DATE (mm/dd/yyyy)		48. DATE (mm/dd/yyyy)			
01/14/2008		01/14/2008			
101. PLACE OF DEATH					
COUNTRY VILLA					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
ORANGE		3000 BEVERLY MANOR ROAD		SEAL BEACH	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT add or infer terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE OF DEATH (A) RESPIRATORY ARREST					
SECONDARY CAUSE OF DEATH (B) END STAGE PARKINSON'S DISEASE					
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
109. BIRTH BY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 RETINITIS PIGMENTOSA					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Last Seen Alive					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE (mm/dd/yyyy)	
NANCY ANNE SMITH M.D.		A60394		01/14/2008	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Trauma <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
119. PLACE OF INJURY (e.g., north, east, west, south, etc., specify area, etc.)					
120. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
121. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
122. SIGNATURE OF CORONER / DEPUTY CORONER		123. DATE (mm/dd/yyyy)		124. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
[REDACTED]		[REDACTED]		[REDACTED]	
STATE REGISTRAR		FAX AUTH #		CENSUS TRACT	
A		B		C	
D		E		F	

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0213197



CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA
COUNTY OF ORANGE

DATE ISSUED **MAR 26 2009**

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 valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT A

the second part

All that Real Property situated in the

County of EUREKA

, State of NEVADA

bounded and described as follows: The Northeast one quarter of the Southwest one quarter of Section 17, Township 30 North, Range 49 East, Mount Diablo Base & Meridian, according to Government survey.

RESERVING THEREFROM an easement of 30' along northerly and easterly boundaries for ingress and egress, with power to dedicate, and, except any and all oil rights, including the right of entry for exploration and production of oil or other hydro-carbons and subject to rights, rights of way, easements, reservations, restrictions, covenants, conditions of record, if any.

This is the Nevada address.

IN WITNESS WHEREOF the first part s .ha ve executed this conveyance this

7th. day of January

, 1976

Francis D. Smithson

Ernest D. Sutton

William N. Olson

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