

DOC # 0213197

04/03/2009

01:31 PM

## Official Record

Recording requested By  
EILEEN HOFSTETLEREureka County - NV  
Mike Rebaleati - Recorder

Fee \$17.00

Page 1 of 4

RPTT:

Recorded By: FES

Book- 0486 Page- 0139



0213197

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  
Alfred 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 5-1, on the7th 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 \$ 0In witness Whereof, I/We have hereunto set my hand/our hands this 31 day of March 20 09Eileen 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

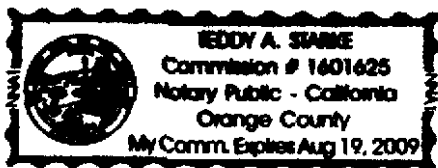
# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Orange

On 3-31-09 before me, Teddy A. Starks Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Eileen A. Hufstetter  
Name(s) of Signer(s)



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. Starks  
Signature of Notary Public

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

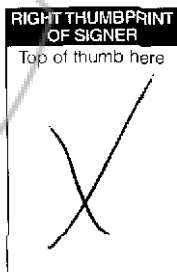
Signer(s) Other Than Named Above: none

### 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: \_\_\_\_\_

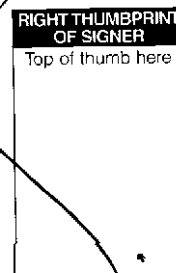
Signer Is Representing: \_\_\_\_\_



Signer's Name: \_\_\_\_\_

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

Signer Is Representing: \_\_\_\_\_



## COUNTY OF ORANGE

## HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701

## CERTIFICATE OF DEATH

3200830000442

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Known)		3. LAST (Known)	
RONALD		HUFSTETLER	
2. MIDDLE		4. DATE OF BIRTH (month/day/year)	
CLAUDE		03/30/1930	
5. AGE Yrs.		6. SEX	
77		M	
7. DATE OF DEATH (month/day/year)		8. HOUR (24 Hours)	
01/09/2008		1620	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
UTAH		[REDACTED]	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at time of death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level/degree (see instructions on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see instructions on back)	
BACHELOR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
WHITE		ENGINEER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
AEROSPACE		30	
20. DECEDENT'S RESIDENCE (Street and number or location)			
1600 NORTHWOOD ROAD #275B			
21. CITY			
SEAL BEACH			
22. COUNTY/PROVINCE			
ORANGE			
23. ZIP CODE			
90740			
24. YEARS IN COUNTY			
35			
25. STATE/FOREIGN COUNTRY			
CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP			
EILEEN HUFSTETLER, WIFE			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, City or town, state, ZIP)			
1600 NORTHWOOD ROAD #275B, SEAL BEACH, CA 90740			
28. NAME OF SURVIVING SPOUSE - FIRST			
EILEEN			
29. MIDDLE			
ANNETTE			
30. LAST ( maiden name)			
BLANKINSHIP			
31. NAME OF FATHER - FIRST			
CLAUDE			
32. MIDDLE			
LEROY			
33. LAST			
HUFSTETLER			
34. BIRTH STATE			
UTAH			
35. NAME OF MOTHER - FIRST			
NELLIE			
36. MIDDLE			
MARGUERITE			
37. LAST ( maiden)			
THOMPSON			
38. BIRTH STATE			
IDAHO			
39. DISPOSITION DATE (month/day/year)			
01/15/2008			
40. PLACE OF FINAL DISPOSITION			
WESTMINSTER MEMORIAL PARK			
14801 BEACH BOULEVARD, WESTMINSTER, CA 92683			
41. TYPE OF DISPOSITION(S)			
BU			
42. SIGNATURE OF EMERALGEM			
LA REE MERICKEL			
43. LICENSE NUMBER			
EMB7928			
44. NAME OF FUNERAL ESTABLISHMENT			
WESTMINSTER MEMORIAL PARK MORT			
45. LICENSE NUMBER			
FD1030			
46. SIGNATURE OF LOCAL REGISTRAR			
ERIC G. HANDLER, M.D.			
47. DATE (month/day/year)			
01/14/2008			
101. PLACE OF DEATH			
COUNTRY VILLA			
102. IF HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> IP <input type="checkbox"/> SNUP <input type="checkbox"/> ODA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
104. CITY			
SEAL BEACH			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
3000 BEVERLY MANOR ROAD			
106. CAUSE OF DEATH			
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory failure without showing the etiology. DO NOT ABBREVIATE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
A. RESPIRATORY ARREST			
B. END STAGE PARKINSON'S DISEASE			
C. RETINITIS PIGMENTOSA			
D. NO			
107. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
RETINITIS PIGMENTOSA			
108. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 107? (If yes, list type of operation and date)			
NO			
109. IF FEMALE, PRESENT IN LAST YEAR			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
110. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
111. SIGNATURE AND TITLE OF CERTIFIER			
NANCY ANNE SMITH M.D.			
112. LICENSE NUMBER			
A60394			
113. DATE (month/day/year)			
01/14/2008			
114. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
NANCY ANNE SMITH M.D.			
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
1661 GOLDEN RAIN ROAD, SEAL BEACH, CA 90740			
117. INJURY DATE (month/day/year)			
118. HOUR (24 Hours)			
119. INJURY DATE (month/day/year)			
120. HOUR (24 Hours)			
121. PLACE OF INJURY (e.g., north, construction site, meeting 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			
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
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200. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

CERTIFIED COPY OF VITAL RECORDS

\*002507623\*

STATE OF CALIFORNIA  
COUNTY OF ORANGE

SS

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.

PRN 01/06/11/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Book 486  
Page 141  
0213197

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      have      executed this conveyance this  
7th. day of January      , 1976

*Francis D. Smithson*  
*Elmer D. Smithson*  
*William N. Olson*

BOOK 54 PAGE 50

Cowdery's Form No. 484 - CODE DEED - GRANT, JOINT TENANCY, OR QUIT CLAIM - (C. G. Sec. 1092)

PTD-11/74