

Official RecordRecording requested By
GOICOECHEA & DIGRAZIA

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00

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RPTT:

Recorded By FES

Book- 503 Page- 0031



APN: 005-080-31

**Recording Requested By
and Return to:**Goicoechea, Di Grazia,
Coyle & Stanton, Ltd.
530 Idaho Street
Elko, NV 89801**Mail tax statement to:**7872 Squaw Valley Way
Cerritos, California 90703

The undersigned affirms that
this document does not contain
a social security number.

AFFIDAVIT TERMINATING JOINT TENANCY

MICHEL SARTOR, 7872 Squaw Valley Way, Cerritos California 90703,
being first duly sworn, according to law, deposes and says:

1. That he is a surviving cousin of **ANTOINE C. SARTOR** aka
ANTOINE CHARLES SARTOR, deceased and makes this Affidavit to vest title in
SILVIA SARTOR, the surviving joint tenant of **ANTOINE C. SARTOR**.

2. That **ANTOINE C. SARTOR** and **SILVIA SARTOR** acquired the
following described property as joint tenants and not as tenants in common, by
that certain Deed dated January 30, 1973, and recorded as File No. 57205 in the
Office of the County Recorder, Eureka County, Nevada, said property being
located in the County of Eureka, State of Nevada, and being more particularly
described as follows, to-wit:

The Southwest one-quarter of the Southeast one-quarter of Section
17, Township 31 North, Range 49 East, Mount Diablo Base and
Meridian, as per records of the County Recorders office Eureka
County, Nevada.

GOICOECHEA, DI GRAZIA, COYLE & STANTON, LTD.
ATTORNEYS AT LAW
530 IDAHO STREET - P. O. BOX 1358
ELKO, NEVADA 89803
(775) 738-8091

TOGETHER WITH all buildings and improvements situate thereon.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

SUBJECT TO any and all exceptions, reservations, restrictions, restrictive covenants, assessments, easements, rights and rights-of-way of record.

3. That **ANTOINE C. SARTOR**, being the person described in the foregoing described Deed as a grantee and joint tenant, died in the County of Los Angeles, State of California on January 20, 1992. That a certified copy of the Death Certificate of **ANTOINE C. SARTOR** aka **ANTOINE CHARLES SARTOR** is attached to this Affidavit and made a part hereof.

4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said deceased joint tenant, in and to the foregoing described property, and vesting title thereto solely in **SILVIA SARTOR**, as the surviving joint tenant.

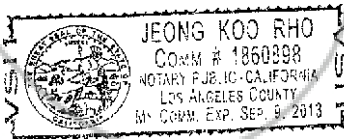
DATED this 23 day of August, 2010.



MICHEL SARTOR

STATE OF CALIFORNIA
COUNTY OF Los Angeles : ss

This instrument was acknowledged before me on 08-23-2010, 2010 by **MICHEL SARTOR**.





NOTARY PUBLIC

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY, YR.	2B. HOUR	3. SEX	
		ANTOINE		CHARLES	SARTOR	January 20, 1992	1830	Male	
DECEDENT PERSONAL DATA	4. RACE	5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	
	Caucasian	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		October 7, 1939		52			
	8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH	
France	France	Antoine Sartor		Germany	Silvia Tassan		Italy		
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)				
19 — TO 19 <input checked="" type="checkbox"/> NONE		[REDACTED]		Married	Marsha Rawlings				
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED		
Engineer		Aerospace		Northrop		21	16		
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION					18B. CITY	18C. ZIP CODE		
	1594 Cedarcrest Drive					Brea	92621		
PLACE OF DEATH	19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT		
	Beverly Hospital		IP		Los Angeles		Michael Sartor - Cousin 7872 Squaw Valley Way Cerritos, CA 90701		
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER		
	IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE					Unk	<input checked="" type="checkbox"/> YES 92-00861 <input type="checkbox"/> NO		
	DUE TO (B)						23. WAS BIOPSY PERFORMED?		
	DUE TO (C)						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
24A. WAS AUTOPSY PERFORMED?					24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21					26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.				
Hypertension					No				
PHYSICIAN'S CERTIFICATION	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED	
	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR			DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS			
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED			
	29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined			30A. PLACE OF INJURY		30B. INJURY AT WORK	30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR
	Natural					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)					33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO. DAY, YEAR		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER
	BU		Forest Lawn Memorial-Park, 4471 Lincoln Ave., Cypress, CA 90630		1-29-92		Lynn Boucovere		7733
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE			
Forest Lawn Mortuary, Cypress		FD-1051		[Signature]		JAN 28 1992			
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	CENSUS TRACT		

VS-11 (REV. 3-91)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

JAN 28 1992

State of Nevada
Declaration of Value

DOC # DV-215436

09/01/2010

12:54 PM

Official Record

1. Assessor Parcel Number(s)

- a) 005-080-31
- b) _____
- c) _____
- d) _____

FOR F
Document#
Book _____
Date of Rec
Notes: _____

Recording requested By
GOICOECHEA & DIGRAZIA

Eureka County - NV
Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$16.00
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2. Type of Property:

- a) Vacant Land
- b) Single Fam. Res.
- c) Condo/Twnhse
- d) 2-4 Plex
- e) Apt. Bldg.
- f) Comm'l/Ind'l
- g) Agricultural
- h) Mobile Home
- i) Other _____

3. Total Value/Sales Price of Property:

\$ Exempt
Deed in Lieu of Foreclosure Only (value of property) \$ _____
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ 0
(Tax is computed at \$1.95 per \$500 value)

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 4
- b. Explain Reason for Exemption: Transfer without consideration from one joint tenant to another

5. Partial Interest: Percentage being transferred: n/a %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Robert B. Aricaud
Signature _____

Capacity Attorney for Michel Sartor
Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Antoine C. Sartor
Address: (deceased)
City: _____
State: _____

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Silvia Sartor Living Trust
Address: c/o Michel Sartor
Address: 7872 Squaw Valley Way
City: Perritos
State: California 90703

COMPANY REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Goicoechea, DiGrazia Cinke & Stanton, Ltd. Escrow # _____
Address: 330 Idaho St
City: Elko State: NV Zip: 89801