

Official RecordRecording requested By
GOICOECHEA & DIGRAZIA

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By FES

Book- 503 Page- 0031



0215436

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.

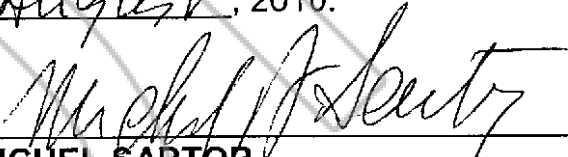
TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

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.

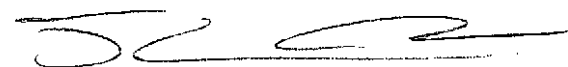


MICHEL SARTOR

STATE OF CALIFORNIA
COUNTY OF Los Angeles : ss

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





NOTARY PUBLIC

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

Page 2 of 2

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST (GIVEN) ANTOINE		1B. MIDDLE CHARLES		1C. LAST (FAMILY) SARTOR		2A. DATE OF DEATH—MO. DAY, YR. January 20, 1992		2B. HOUR 1830		3. SEX Male	
	4. RACE Caucasian		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. October 7, 1939		7. AGE IN YEARS 52		IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES		IF UNDER 24 HOURS HOURS MINUTES	
	8. STATE OF BIRTH France		9. CITIZEN OF WHAT COUNTRY France		10A. FULL NAME OF FATHER Antoine Sartor		10B. STATE OF BIRTH Germany		11A. FULL MAIDEN NAME OF MOTHER Silvia Tassan		11B. STATE OF BIRTH Italy	
	12. MILITARY SERVICE? 19 TO 19 <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. [REDACTED]		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Marsha Rawlings					
USUAL RESIDENCE	15A. USUAL OCCUPATION Engineer		15B. USUAL KIND OF BUSINESS OR INDUSTRY Aerospace		15C. USUAL EMPLOYER Northrop		15D. YEARS IN OCCUPATION 21		17. EDUCATION—YEARS COMPLETED 16			
	18A. RESIDENCE—STREET AND NUMBER OR LOCATION 1594 Cedarcrest Drive						18B. CITY Brea		18C. ZIP CODE 92621			
PLACE OF DEATH	12A. PLACE OF DEATH Beverly Hospital		12B. IF HOSPITAL, SPECIFY ONE: IN, ER/OP, DOA IP		12C. COUNTY Los Angeles		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Michael Sartor - Cousin 7872 Squaw Valley Way Cerritos, CA 90701					
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 309 W. Beverly Boulevard		19E. CITY Montebello		TIME INTERVAL BETWEEN ONSET AND DEATH		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 92-00861 <input type="checkbox"/> NO					
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE						Unk		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	DUE TO (B)								24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	DUE TO (C)								24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Hypertension						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. No					
PHYSI- CIAN'S CERTIFICA- TION	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 [Signature]		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 [Signature] Deputy Coroner		28B. DATE SIGNED 1-27-92					
	29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined Natural		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR			
	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) BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Forest Lawn Memorial-Park, 4471 Lincoln Ave., Cypress, CA 90630			34C. DATE MO. DAY, YEAR 1-29-92		35A. SIGNATURE OF EMBALMER [Signature]		35B. LICENSE NUMBER 7733		
	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Forest Lawn Mortuary, Cypress		36B. LICENSE NO. FD-1051		37. SIGNATURE OF LOCAL REGISTRAR [Signature]		38. REGISTRATION DATE 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



0215436

Book 503
Page 33

09/01/2010
Page 3 of 3

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 R

Document#

Book

Date of Rec

Notes:

Recording requested By
GOICOECHEA & DIGRAZIA

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$16.00

Recorded By: FES RPTT:

Book- 503 Page- 0031

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:

Deed in Lieu of Foreclosure Only (value of property) \$ Exempt
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: 100%

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
7872 Squaw Valley Way
City: Perritos
State: California 90703

COMPANY REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

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

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)