

0216876

APN: 002-018-02 & 002-043-01

**Recording Requested By  
and Return to:**

Goicoechea, Di Grazia,  
Coyle & Stanton, Ltd.  
530 Idaho Street  
Elko, NV 89801

**Mail tax statement to:**

2186 14<sup>th</sup> Avenue  
San Francisco, California 94116-1839

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

**AFFIDAVIT TERMINATING JOINT TENANCY**

**ANGELA POLGAR**, 2186 14<sup>th</sup> Avenue, San Francisco, California 94116-1839, being first duly sworn, according to law, deposes and says:

1. That she is a surviving spouse of **BELA POLGAR**, deceased and makes this Affidavit to vest title in **ANGELA POLGAR**, the surviving joint tenant of **BELA POLGAR**.

2. That **BELA POLGAR** and **ANGELA POLGAR** acquired the following described property as joint tenants and not as tenants in common, by that certain Deed dated January 24, 1968, and recorded as File No. 45933 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:

Lot 13 in Block 20, and Lot 4 in Block 24, as shown on the map of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 1, filed in the office of the County Recorder of Eureka County, Nevada, on April 6, 1959.

**EXCEPTING**, any and all oil rights, including the right of entry for

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ATTORNEYS AT LAW  
530 IDAHO STREET - P. O. BOX 1358  
ELKO, NEVADA 89803  
(775) 738-8091

exploration and production of oil or other hydrocarbons.

**RESERVING, THEREFROM**, a right of way ten feet in width along all boundaries of lot with right of entry upon, over, under, along, across, and through said right of way for the purpose of erecting, constructing, operating, repairing and maintaining pole lines with cross arms for the transmission of electrical energy, and for telephone lines, and/or for laying, repairing, operating and renewing, any pipe line or lines for water, gas or sewerage, and any conduits for electric or telephone wires, and reserving the sole right to convey the rights hereby reserved.

**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 **BELA POLGAR**, being the person described in the foregoing described Deed as a grantee and joint tenant, died in the County of San Francisco, State of California on October 21, 2010. That a certified copy of the Death Certificate of **BELA POLGAR** 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 **ANGELA POLGAR**, as the surviving joint tenant.

DATED March 3, 2011.

  
ANGELA POLGAR

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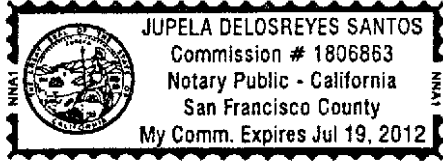


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STATE OF CALIFORNIA )  
 : ss.  
COUNTY OF SAN FRANCISCO )

This instrument was acknowledged before me on March 03,  
2011 by **ANGELA POLGAR**.



*Jupele DeLosReyes Santos*  
NOTARY PUBLIC

COOPER

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**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**CITY AND COUNTY OF**  
**SAN FRANCISCO**

3052010183642      **CERTIFICATE OF DEATH**      3201038004730

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
BELA		POLGAR	
2. MIDDLE		5. AGE Yrs.	
		78	
4. DATE OF BIRTH mm/dd/yyyy		6. SEX	
05/08/1932		M	
7. BIRTH STATE (COUNTRY)		8. HOURS (24 Hours)	
HUNGARY		1255	
9. EDUCATION - Highest Level/Degree		10. DECEASED'S RACE	
BACHELOR		WHITE	
11. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		12. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, taxi construction, employment agency, etc.)	
SENIOR CHEMICAL ENGINEER		PAINTING	
13. DECEASED'S RESIDENCE (Street and number or location)		14. YEARS IN OCCUPATION	
2186 14TH AVENUE		35	
15. CITY		16. STATE/FOREIGN COUNTRY	
SAN FRANCISCO		CA	
17. INFORMANT'S NAME, RELATIONSHIP		18. INFORMANT'S MAILING ADDRESS (Street and number or P.O. box number, city, state, zip and apt.)	
ANGELA POLGAR, WIFE		2186 14TH AVENUE, SAN FRANCISCO, CA 94116	
19. NAME OF SURVIVING SPOUSE (SPOUSE - FIRST)		20. MIDDLE	
ANGELA		KAPLAN	
21. NAME OF FATHER (PARENT - FIRST)		22. MIDDLE	
KAROLY		POLGAR	
23. NAME OF MOTHER (PARENT - FIRST)		24. MIDDLE	
IRENE		HORVATH	
25. DISPOSITION DATE mm/dd/yyyy		26. PLACE OF FINAL DISPOSITION RES. ANGELA POLGAR	
11/02/2010		2186 14TH AVENUE SAN FRANCISCO CA 94116 1839	
27. TYPE OF DISPOSITION		28. SIGNATURE OF FUNERAL DIRECTOR	
CR/RES		NOT EMBALMED	
29. NAME OF FUNERAL ESTABLISHMENT		30. LICENSE NUMBER	
BAY AREA CREMATION & FUNERAL SERVICE, INC. 1775		11/01/2010	
31. PLACE OF DEATH		32. HOSPITAL SPECIFY ONE	
SAN FRANCISCO GENERAL HOSPITAL		<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other	
33. COUNTY		34. CITY	
SAN FRANCISCO		SAN FRANCISCO	
35. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		36. CITY	
1001 POTRERO AVENUE		SAN FRANCISCO	
37. CAUSE OF DEATH		38. DEATH REFERRED TO CORONER?	
A. IMMEDIATE CAUSE (Final disease or condition resulting in death)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
B. UNDERLYING CAUSE (Disease or injury that caused the event resulting in death) (AST)		39. BIOPSY PERFORMED?	
1. FIBRILLATION ARREST		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
2. END STAGE RENAL DISEASE		40. AUTOPSY PERFORMED?	
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE (AVENUE IN 107)		113. IF FEMALE, PREGNANT IN LAST YEAR?	
NO		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
10/20/2010		RAMIN FARZANEH-FAR M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER	
1001 POTRERO AVE RM 5G1, SAN FRANCISCO, CA 94110		A94059	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		119. DATE mm/dd/yyyy	
		10/28/2010	
120. MANNER OF DEATH		121. PLACE OF DEATH	
Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined <input type="checkbox"/>		10/20/2010	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 Hours)	
		10/20/2010	
124. DESCRIBE HOW INJURY OCCURRED. Events which resulted in injury.		125. LOCATION OF INJURY (Street and number or location, and city and zip)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		FAX AUTH.#	

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STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO  
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

DATE ISSUED **NOV 08 2010**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

\* 0 0 3 0 8 8 1 5 9 \*

*Mitchell Katz, M.D.*  
Mitchell Katz, M.D.  
Health Officer and Local Registrar

