

**Official Record**Recording requested By  
GOICOECHEA & DIGRAZIA

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$17.00

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RPTT:

Recorded By: FES

Book- 513 Page- 0082



0216876

APN: 002-018-02 &amp; 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

GOICOECHEA, DI GRAZIA, COYLE & STANTON, LTD.  
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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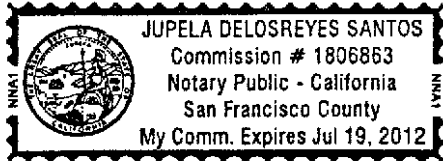


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STATE OF CALIFORNIA                    )  
  : ss.  
COUNTY OF SAN FRANCISCO    )

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



  
NOTARY PUBLIC

GOICOECHEA, DI GRAZIA, COYLE & STANTON, LTD.  
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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) <b>BELA</b>		3. LAST (Family) <b>POLGAR</b>	
2. MIDDLE <b></b>		4. DATE OF BIRTH mm/dd/yyyy <b>05/08/1932</b>	
5. AGE Yrs. <b>78</b>		6. SEX <b>M</b>	
7. BIRTH STATE/COUNTRY <b>HUNGARY</b>		8. HOURS (24 Hour) <b>1255</b>	
9. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		10. MARRIAGE STATUS <b>MARRIED</b>	
11. EDUCATION - Highest Level/Degree <b>BACHELOR</b>		12. DECEASED'S RACE - Up to 4 races may be listed (see worksheet on back) <b>WHITE</b>	
13. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED <b>SENIOR CHEMICAL ENGINEER</b>		14. YEARS IN OCCUPATION <b>35</b>	
15. DECEASED'S RESIDENCE (Street and number or location) <b>2186 14TH AVENUE</b>		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>PAINTING</b>	
17. CITY <b>SAN FRANCISCO</b>		18. COUNTY/PROVINCE <b>SAN FRANCISCO</b>	
19. ZIP CODE <b>94116</b>		20. YEARS IN COUNTY <b>54</b>	
21. STATE/FOREIGN COUNTRY <b>CA</b>		22. INFORMANT'S NAME, RELATIONSHIP, ADDRESS (Street and number or location), city, state, zip and apt. <b>ANGELA POLGAR, WIFE, 2186 14TH AVENUE, SAN FRANCISCO, CA 94116</b>	
23. NAME OF SURVIVING SPOUSE (SPOUSE - FIRST) <b>ANGELA</b>		24. MIDDLE <b>KAPLAN</b>	
25. NAME OF FATHER/PARENT - FIRST <b>KAROLY</b>		26. MIDDLE <b>POLGAR</b>	
27. NAME OF MOTHER/PARENT - FIRST <b>IRENE</b>		28. MIDDLE <b>HORVATH</b>	
29. DISPOSITION DATE mm/dd/yyyy <b>11/02/2010</b>		30. PLACE OF FINAL DISPOSITION RES. ANGELA POLGAR <b>2186 14TH AVENUE, SAN FRANCISCO, CA 94116</b>	
31. TYPE OF DISPOSITION <b>CR/RES</b>		32. SIGNATURE OF FUNERAL DIRECTOR <b>[Signature]</b>	
33. NAME OF FUNERAL ESTABLISHMENT <b>BAY AREA CREMATION &amp; FUNERAL SERVICE</b>		34. LICENSE NUMBER <b>ED1775</b>	
35. NAME OF FUNERAL ESTABLISHMENT <b>BAY AREA CREMATION &amp; FUNERAL SERVICE</b>		36. SIGNATURE OF LOCAL REGISTRAR <b>[Signature]</b>	
37. DATE mm/dd/yyyy <b>11/01/2010</b>		38. LICENSE NUMBER <b>11/01/2010</b>	
39. PLACE OF DEATH <b>SAN FRANCISCO GENERAL HOSPITAL</b>		40. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
41. COUNTY <b>SAN FRANCISCO</b>		42. CITY <b>SAN FRANCISCO</b>	
43. CAUSE OF DEATH <b>IMMEDIATE CAUSE: FIBRILLATION ARREST UNDERLYING CAUSE: END STAGE RENAL DISEASE</b>		44. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
45. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE (List in 107) <b>NO</b>		46. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
47. SIGNATURE AND TITLE OF CERTIFIER <b>RAMIN FARZANEH-FAR M.D.</b>		48. LICENSE NUMBER <b>A94059</b>	
49. DATE mm/dd/yyyy <b>10/20/2010</b>		50. DATE mm/dd/yyyy <b>10/28/2010</b>	
51. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>RAMIN FARZANEH-FAR M.D., 1001 POTRERO AVE RM 5G1, SAN FRANCISCO, CA 94110</b>		52. TYPE OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined	
53. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b></b>		54. DATE mm/dd/yyyy <b></b>	
55. SIGNATURE OF CORONER / DEPUTY CORONER <b>[Signature]</b>		56. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b></b>	

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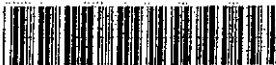


STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO  
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

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.



\* 003088159 \*

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

