

DOC # 0222189

11/28/2012 01:21 PM

Official Record

Recording requested By
MARVEL & KUMP

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$42.00

Page 1 of 4

RPTT:

Recorded By: FES

Book- 542 Page- 0181



0222189

When recorded return to:

Marvel & Kump, Ltd.

PO Box 2645

Elko, NV 89801

Mail Tax Statements to:

Daniel P. Klahn

6450 Dougherty Rd., #1722

Dublin, CA 94568

APN: 005-170-04

AFFIDAVIT TERMINATING JOINT TENANCY
(N.R.S. 111.365)

DANIEL P. KLAHN ("Affiant"), being first duly sworn, according to law, deposes and says:

1. That Affiant is the son of **JEANNE KLAHN**, deceased, hereinafter referred to as "Decedent," and **LESTER W. KLAHN**, the surviving spouse of the Decedent.

2. That said Decedent and **LESTER W. KLAHN** acquired a one fourth (1/4) interest in the following described property as joint tenants, and not as tenants in common, by that certain Quitclaim Deed recorded March 12, 1971, in Book 39 of Official Records at Page 124, file number 54361, in the Office of the Recorder of Eureka County, Nevada, said parcel being located in the County of Eureka, State of Nevada, and being more particularly described as follows, to-wit:

TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B.&M.

Section 3: ALL

TOGETHER WITH any and all buildings and improvement situate thereon.

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

3. That Decedent, being one of the persons described in the foregoing described deed as a grantee and joint tenant, died in the County of Los Angeles, State of California, on the 13th day of February, 1980. That a certified copy of the death certificate of said Decedent 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 the Decedent as the deceased joint tenant in and to the foregoing described property, and vesting title thereto solely in **LESTER W. KLAHN**, as the surviving joint tenant under the above-described deed.

DATED this 14 day of November, 2012.



DANIEL P. KLAHN

STATE OF CALIFORNIA)
)SS
COUNTY OF _____)

On _____, 2012, personally appeared before me, a Notary Public, **DANIEL P. KLAHN**, personally known or otherwise proven to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed said instrument.

NOV 14 2012

NOTARY PUBLIC

SEE ATTACHED ACKNOWLEDGEMENT



**CALIFORNIA ALL-PURPOSE CERTIFICATE
OF ACKNOWLEDGMENT**

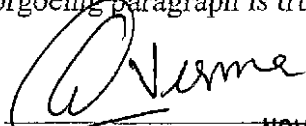
State of California
County of ALAMEDA

On NOV 14 2012 before me, **GURVINDER KAUR, NOTARY PUBLIC**

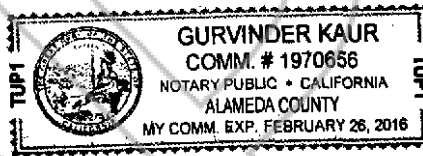
personally appeared Daniel Patrick Klahn

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.


Signature of Notary

NOV 14 2012



Optional Information

Date of Document: NOV 14 2012

Type or Title of Document: Affidavit Terminating Joint Tenancy

Number of Pages in Document: _____

Document in a Foreign Language: _____

Type of Satisfactory Evidence:

- Personally known with Paper Identification
- Paper Identification
- Credible Witness(es)

Other Information

Capacity of Signer:


- Trustee
- Power of Attorney
- CEO/CFO/COO
- President/Vice-President/Secretary/Treasurer
- Other: _____



CERTIFICATE OF DEATH
STATE OF CALIFORNIA

SEAL FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST JEANNE		1B. MIDDLE EDITH		1C. LAST KLAHN		2A. DATE OF DEATH (MONTH, DAY, YEAR) FEBRUARY 13, 1980		2B. HOUR 1215 H	
3. SEX FEMALE	4. RACE WHITE	5. ETHNICITY C	6. DATE OF BIRTH JULY 9, 1927		7. AGE 52 YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES		
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) MICHIGAN		9. NAME AND BIRTHPLACE OF FATHER EARL P. FARNSWORTH PA			10. BIRTH NAME AND BIRTHPLACE OF MOTHER ANNA JOHNSON IL				
11. CITIZEN OF WHAT COUNTRY UNITED STATES		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS MARRIED		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) LESTER W. KLAHN			
15. PRIMARY OCCUPATION HOMEMAKER		16. NUMBER OF YEARS THIS OCCUPATION 34	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) OWN HOME		18. KIND OF INDUSTRY OR BUSINESS HOMEMAKING				
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1754L HAYNES STREET				19B.		19C. CITY OR TOWN VAN NUYS			
19D. COUNTY LOS ANGELES		19E. STATE CALIFORNIA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP LESTER W. KLAHN HUSBAND 1754L HAYNES STREET VAN NUYS CALIF. 91406					
21A. PLACE OF DEATH VALLEY PRESBYTERIAN HOSPITAL		21B. COUNTY LOS ANGELES		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 15107 VANOWEN STREET					
21D. CITY OR TOWN VAN NUYS		22. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Carcinoma of tongue 1 yr. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST (B) (C)							
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH				24. WAS DEATH REPORTED TO CORONER? NO					
25. WAS BIOPSY PERFORMED? yes				26. WAS AUTOPSY PERFORMED? NO					
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION Partial tongue removal 3/12/79				DATE 3/12/79					
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 1 ATTENDED DECEDENT SINCE (ENTER NO. DA. YR.) 9/14/49		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Lance Judkins M.D.</i>		28C. DATE SIGNED 2/14/80		28D. PHYSICIAN'S LICENSE NUMBER 00410708			
28E. TYPE PHYSICIAN'S NAME AND ADDRESS LANCE JUDKINS M.D. 14435 HAMLIN STREET VAN NUYS SUITE 201									
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)				35B. CORONER—SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i>			35C. DATE SIGNED		
36. DISPOSITION BURIAL		37. DATE—MONTH, DAY, YEAR FEB. 15, 1980		38. NAME AND ADDRESS OF CEMETERY OR CREMATOR SAN FERNANDO CA GLEN HAVEN MEM PARK 13017 N LOPEZ CYN RD		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 5819 <i>[Signature]</i>		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) GLEN HAVEN MORTUARY	
41. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>				42. DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1980					
STATE REGISTRAR	A.	B.	C.	D.	E.	F.			

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.


FEB 15 1980 FEE \$3.00
[Signature]
 Director of Health Services and Registrar