

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

**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

**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 13<sup>th</sup> 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**

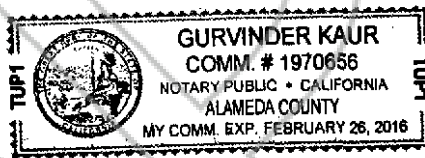
personally appeared Daniel Patrick Klahn

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)

**Capacity of Signer:**

\_\_\_\_ Trustee

\_\_\_\_ Power of Attorney

\_\_\_\_ CEO/CFO/COO

\_\_\_\_ President/Vice-President/Secretary/Treasurer

\_\_\_\_ Other: \_\_\_\_\_

**Other Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CERTIFICATE OF DEATH**  
**STATE OF CALIFORNIA**

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER														
SEAL FILE NUMBER			1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR			
			JEANNE		EDITH		KLAHN		FEBRUARY.13.1980		1245 H			
<b>DECEDENT PERSONAL DATA</b>			3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH		7. AGE			
			FEMALE		WHITE		C		JULY.9.1927		52 YEARS			
			8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER							
			MICHIGAN		EARL P. FARNSWORTH PA		ANNA JOHNSON IL							
			11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)					
			UNITED STATES				MARRIED		LESTER W. KLAHN					
			15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS					
			HOMEMAKER		34		OWN HOME		HOMEMAKING					
<b>USUAL RESIDENCE</b>			19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)						19B.		19C. CITY OR TOWN			
			17541 HAYNES STREET								VAN NUYS			
<b>PLACE OF DEATH</b>			19D. COUNTY						19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP.  LESTER W. KLAHN HUSBAND 17541 HAYNES STREET VAN NUYS CALIF. 91406			
			LOS ANGELES						CALIFORNIA					
			21A. PLACE OF DEATH VALLEY PRESBYTERIAN HOSPITAL						21B. COUNTY LOS ANGELES					
			21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)						21D. CITY OR TOWN					
			15107 VANOWEN STREET						VAN NUYS					
<b>CAUSE OF DEATH</b>			22. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		24. WAS DEATH REPORTED TO CORONER? NO  25. WAS BIOPSY PERFORMED? YES  26. WAS AUTOPSY PERFORMED? NO			
			(A) CARCINOMA OF TONGUE											
			(B)											
			(C)											
			23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH											
<b>PHYSI- CIAN'S CERTIFI- CATION</b>			28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.						28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
			1 ATTENDED DECEDENT SINCE (ENTER NO. DA. YR.)						28E. TYPE PHYSICIAN'S NAME AND ADDRESS					
			9/14/49 2/14/80						LANCE JUDKINS M.D. 14435 HAMLIN STREET VAN NUYS SUITE 201					
<b>INJURY INFORMA- TION  CORONER'S USE ONLY</b>			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		35C. DATE SIGNED			
<b>BURIAL</b>			36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATOR		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE					
			BURIAL		FEB.15.1980		SAN FERNANDO CA GLEN HAVEN MEM PARK 13017 N LOPEZ CYN RD		5819					
			40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)						41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR			
			GLEN HAVEN MORTUARY						Robert White		FEB 14 1980			
<b>STATE REGISTRAR</b>			A.		B.		C.		D.		E.		F.	

VS-11 (10-78)

