

When recorded return to:

Marvel & Kump, Ltd.

PO Box 2645

Elko, NV 89801

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Daniel P. Klahn

6450 Dougherty Rd., #1722

Dublin, CA 94568

APN: 005-170-04

**DOC # 0222190**

11/28/2012

01:23 PM

**Official Record**

Recording requested By  
MARVEL & KUMP

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00

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RPTT:

Recorded By: FES

Book- 542 Page- 0185



0222190

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

**JOANNA C. WESLER** ("Affiant"), being first duly sworn, according to law, deposes and says:

1. That Affiant is the daughter of **JOSEPH WESLER**, deceased, hereinafter referred to as "Decedent," and **GERALDINE L. WESLER**, the surviving spouse of the Decedent.

2. That said Decedent and **GERALDINE L. WESLER** 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 1<sup>st</sup>

day of May, 1993. 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 **GERALDINE L. WESLER**, as the surviving joint tenant under the above-described deed.

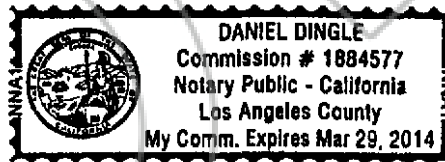
DATED this 6th day of November, 2012.

Joanna C. Wesler  
**JOANNA C. WESLER**

STATE OF CALIFORNIA )  
COUNTY OF Los Angeles )SS

On November 6, 2012, personally appeared before me, a Notary Public, **JOANNA C. WESLER**, personally known or otherwise proven to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed said instrument.

[Signature]  
NOTARY PUBLIC



# CERTIFICATE OF DEATH

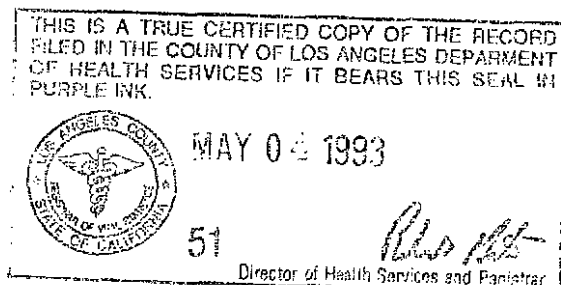
STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JOSEPH</b>		1B. MIDDLE ---	
1C. LAST (FAMILY) <b>WESLER</b>		2A. DATE OF DEATH—MO, DAY, YR <b>MAY 1, 1993</b>	
4. RACE <b>CAUCASIAN</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. DATE OF BIRTH—MO, DAY, YR <b>AUGUST 21, 1917</b>		7. AGE IN YEARS <b>75</b>	
8. STATE OF BIRTH <b>CT</b>		9. CITIZEN OF WHAT COUNTRY <b>USA</b>	
10A. FULL NAME OF FATHER <b>SAMUEL WESLER</b>		10B. STATE OF BIRTH <b>RUSSIA</b>	
11A. FULL MAIDEN NAME OF MOTHER <b>ANNA BELOWSKY</b>		11B. STATE OF BIRTH <b>RUSSIA</b>	
12. MILITARY SERVICE? <b>19 TO 19 <input checked="" type="checkbox"/> NONE</b>		13. SOCIAL SECURITY NO.	
14. MARITAL STATUS <b>MARRIED</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>GERALDINE LUCK MOORE</b>	
16A. USUAL OCCUPATION <b>PRODUCE MANAGER</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>GROCERY</b>	
16C. USUAL EMPLOYER <b>MARKET BASKET MARKET</b>		16D. YEARS IN OCCUPATION <b>23</b>	
17. EDUCATION—YEARS COMPLETED <b>11</b>		18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>9848 E. LEMON AVENUE</b>	
18B. CITY <b>ARCADIA</b>		18C. ZIP CODE <b>91007</b>	
19D. COUNTY <b>LOS ANGELES</b>		19E. NUMBER OF YEARS IN THIS COUNTY <b>24</b>	
19F. STATE OR FOREIGN COUNTRY <b>CALIFORNIA</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>GERALDINE WESLER - WIFE 9848 EAST LEMON AVENUE ARCADIA, CA 91007</b>	
19A. PLACE OF DEATH <b>METHODIST HOSPITAL</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>IP</b>	
19C. COUNTY <b>LOS ANGELES</b>		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>300 WEST HUNTINGTON DRIVE</b>	
19E. CITY <b>ARCADIA</b>		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <b>IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST</b>		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>DUE TO (B) TRANSTENTORIAL HERNIATION</b>		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>DUE TO (C) INTRACEREBRAL HEMORRHAGE</b>		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>HYPERTENSION, SMOKING</b>		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR <b>4/29/93</b>		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Richard A. Shubin</i>	
27C. CERTIFIER'S LICENSE NUMBER <b>G50827</b>		27D. DATE SIGNED <b>5/3/93</b>	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>RICHARD A. SHUBIN, M.D. 665 W. NAOMI AVE #201 ARCADIA, CA 91007</b>		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>	
28B. DATE SIGNED		29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	
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)	
34A. DISPOSITION(S) <b>ENTOMBMENT</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>MOUNT SINAI MEMORIAL PARK 5950 FOREST LAWN DR. LA, CA 90068</b>	
34C. DATE MO, DAY, YEAR <b>MAY 4, 1993</b>		35A. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
35B. LICENSE NUMBER <b>---</b>		36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>MOUNT SINAI MORTUARY</b>	
36B. LICENSE NO. <b>FD-1010</b>		37. SIGNATURE OF LOCAL REGISTRAR <i>Robert C. [Signature]</i>	
38. REGISTRATION DATE <b>MAY 04 1993</b>		39. CENSUS TRACT	

VS-11 (REV. 3-91) 131

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

01-9-1-0329



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