

DOC # 0223324

12/14/2012 01:45 PM

Official Record

Recording requested By GUSTAFSON, ROBERT L

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By: LLH

Book- 545 Page- 0165

Affidavit-Termination of Joint Tenancy (Death of a Joint Tenant)

ASSESSOR'S PARCEL NO. (APN#): EU 1745 Acc.

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO Name: Robert L. Gustafson Address: 9141 N. Crested Owl Pl. City/State/Zip: Tucson, AZ 85742



I, Robert L. Gustafson, the Affiant, being of legal age, and being first duly sworn, deposes and says: That Violet Gustafson, the decedent mentioned in the

attached certified copy Certificate of Death, is the same person as Violet Gustafson (Deceased Name as shown on Deed)

named as one of the parties in that certain Quitclaim Deed (Type of Document)

dated on the 3rd day of April, 1991, and executed by Bernard J. Harrington and Eunice C Harrington, known as "Grantor(s)" to Robert L Gustafson and Violet Gustafson known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. BK 361 Pg 258, on the 3rd day of April, 1991, in book 361, of Official Records of Eureka County, Nevada, covering the following described property situated in the City of Eureka, County of Eureka, State of Nevada. (Set forth legal description and commonly known street address, if known)

Lot 6 of Block 8 of CRESCENT VALLEY RANCH AND FARMS, UNIT NO. 2, as per map recorded in said County of Eureka as File No. 34885, as shown on a deed recorded in book 9 at page 133 as File No. 41491, recorded in said County

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$

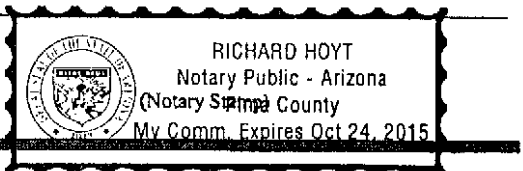
In witness Whereof, I/We have hereunto set my hand/our hands this 4 day of Dec, 2012

Signature of Robert L Gustafson (Print or type name here)

(Signature) (Print or type name here)

STATE OF NEVADA ) COUNTY OF EUREKA ) This instrument was acknowledged before me on (date) 12-4-12

By (person(s) appearing before notary public) (Notary Public) My Commission expires: 10-24-15



**CERTIFICATION OF VITAL RECORD**

**STATE OF ARIZONA**

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
**CERTIFICATE OF DEATH**

State File NO. 102-2011-007868

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) <b>VIOLET GUSTAFSON</b>		2. AKA'S (IF ANY)		9. DATE OF DEATH <b>FEBRUARY 18, 2011</b>	
4. SEX <b>FEMALE</b>	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH <b>07-23-1947</b>	7. AGE <b>63</b>	8. MONTHS <b>UNDER 1 YEAR</b>	
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input checked="" type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): <b>CASA DE LA LUZ HOSPICE INPATIENT UNIT</b>		15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH <b>TUCSON 85704</b>		16. COUNTY OF DEATH <b>PIMA</b>	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): <b>ST. PAUL, MINNESOTA</b>		18. MARITAL STATUS AT TIME OF DEATH: <b>MARRIED</b>		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>ROBERT GUSTAFSON</b>	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: <b>9141 N CRESTED OWL PL.</b>		21. CITY AND COUNTY: <b>TUCSON, PIMA</b>		22. STATE <b>ARIZONA</b>	
23. ZIP CODE <b>85742</b>		24. EVER IN THE ARMED FORCES <b>NO</b>		25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input checked="" type="checkbox"/> UNKNOWN	
26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:			
28. OCCUPATION: <b>HOMEMAKER</b>		29. FATHER'S NAME (FIRST, MIDDLE, LAST) <b>HARRY EVANOFF</b>		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) <b>BEATRICE TRECARTIN</b>	
31. INFORMANT'S NAME <b>ROBERT GUSTAFSON</b>		32. RELATIONSHIP <b>SPOUSE</b>		33. INFORMANT'S MAILING ADDRESS: <b>9141 N CRESTED OWL PL, TUCSON, ARIZONA 85742</b>	
34. NAME AND ADDRESS OF FUNERAL FACILITY: <b>EAST LAWN PALMS MORTUARY 5801 EAST GRANT ROAD TUCSON, AZ</b>		35. FUNERAL DIRECTOR: <b>RAY BUCKWICH, FUNERAL DIRECTOR</b>		36. LICENSE NUMBER <b>F879</b>	
37. METHOD(S) OF DISPOSITION: <b>CREMATION</b>		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: <b>SOUTH LAWN CREMATORY, TUCSON, ARIZONA</b>		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: <b>NONE</b>	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
40. A <b>BREAST CANCER</b>		41. APPROXIMATE INTERVAL: <b>UNKNOWN</b>		42. B	
43. APPROXIMATE INTERVAL:		44. C		45. APPROXIMATE INTERVAL:	
46. D		47. APPROXIMATE INTERVAL:		48. APPROXIMATE INTERVAL:	
<b>CAUSE OF DEATH PART II</b>					
49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:		49. INJURY? <b>NO</b>		50. INJURY AT WORK? <b>NO</b>	
51. MANNER OF DEATH <b>NATURAL DEATH</b>		52. TIME OF DEATH <b>0213</b>		53. WAS AN AUTOPSY PERFORMED? <b>NO</b>	
54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?:					
<b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>					
55. NAME OF PERSON COMPLETING CAUSE OF DEATH: <b>SARAH LOUISE KRATZ MD</b>		56. DATE CERTIFIED: <b>02-25-2011</b>		57. CERTIFIER'S ADDRESS: <b>1891 W ORANGE GROVE ROAD TUCSON, AZ 85704</b>	
58. NAME OF REGISTRAR: <b>AUDREY ROGERS</b>		59. DATE REGISTERED: <b>03-07-2011</b>			

Date Issued: 03-10-2011

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Revised 04/2010

*Patricia Adams*  
PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR

Arizona  
Department of  
Health Services

This copy not valid unless prepared on a form displaying the State Seal and imprinted with the official seal of the Registrar.



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