

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

0223324

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
(Deceased Name as shown on Death Certificate)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 \$ _____.

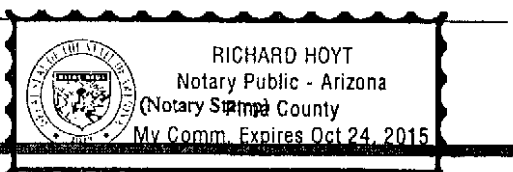
In witness Whereof, I/We have hereunto set my hand/our hands this 4 day of Dec, 20 12(Signature)
ROBERT L GUSTAFSON
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF ~~NEVADA~~ AZCOUNTY OF ~~EUREKA~~ PimaThis 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) VIOLET GUSTAFSON			2. AKA'S (IF ANY)			3. DATE OF DEATH FEBRUARY 18, 2011		
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH 07-23-1947	7. AGE 63	8. MONTHS		9. DAYS		10. HOURS
				UNDER 1 YEAR		UNDER 1 DAY		11. MINUTES
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input 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): CASA DE LA LUZ HOSPICE INPATIENT UNIT				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: TUCSON 85704			16. COUNTY OF DEATH: PIMA	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): ST. PAUL, MINNESOTA			18. MARITAL STATUS AT TIME OF DEATH: MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): ROBERT GUSTAFSON			
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 9141 N CRESTED OWL PL.			21. CITY AND COUNTY: TUCSON, PIMA		22. STATE: ARIZONA		23. ZIP CODE 85742	24. EVER IN THE ARMED FORCES NO
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 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: HOMEMAKER								
29. FATHER'S NAME (FIRST, MIDDLE, LAST) HARRY EVANOFF			30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) BEATRICE TRECARTIN					
31. INFORMANT'S NAME ROBERT GUSTAFSON			32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS: 9141 N CRESTED OWL PL, TUCSON, ARIZONA 85742			
34. NAME AND ADDRESS OF FUNERAL FACILITY: EAST LAWN PALMS MORTUARY 5801 EAST GRANT ROAD TUCSON, AZ			35. FUNERAL DIRECTOR: RAY BUCKWICH, FUNERAL DIRECTOR		36. LICENSE NUMBER F879			
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: SOUTH LAWN CREMATORY, TUCSON, ARIZONA			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE			
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I								
IMMEDIATE CAUSE OF DEATH 40. A BREAST CANCER						41. APPROXIMATE INTERVAL: UNKNOWN		
DUE TO OR AS A CONSEQUENCE OF: 42. B						43. APPROXIMATE INTERVAL:		
DUE TO OR AS A CONSEQUENCE OF: 44. C						45. APPROXIMATE INTERVAL:		
DUE TO OR AS A CONSEQUENCE OF: 46. D						47. APPROXIMATE INTERVAL:		
CAUSE OF DEATH PART II								
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:				49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH NATURAL DEATH
				53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		52. TIME OF DEATH 0213
CAUSE AND MANNER OF DEATH CERTIFICATION								
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			55. NAME OF PERSON COMPLETING CAUSE OF DEATH: SARAH LOUISE KRATZ MD				56. DATE CERTIFIED: 02-25-2011	
57. CERTIFIER'S ADDRESS: 1891 W ORANGE GROVE ROAD TUCSON, AZ 85704			58. NAME OF REGISTRAR: AUDREY ROGERS				59. DATE REGISTERED 03-07-2011	

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

This copy not valid unless prepared on a form displaying the State Seal and imprinted with the raised coat of the State.

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services



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