

APN: 005-060-04

Recording Requested By:

Name: Robert J. Wines, Prof. Corp.

Address: 687 6th Street, Suite 1

City, State, Zip: Elko, NV 89801

Send Tax Statement To:

Name: Lee May

Address: 5051 Holly Drive

City, State, Zip: Shingle Spring, CA 95682

DOC # 0230784

12/18/2015

01:23 PM

Official Record

Recording requested By
ROBERT J WINES

Eureka County - NV
Sara Simmons - Recorder

Fee: \$18.00

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RPTT:

Recorded By: LH

Book- 587 Page- 0370



0230784

Affidavit Terminating Joint Tenancy

(Title of Document)

Please complete the cover page, check one of the following and sign below.

☐ I the undersigned hereby affirm that this document submitted for recording does not contain a social security number.

OR

☒ I the undersigned hereby affirm that this document submitted for recording contains a social security number of a person as required by law:

440.380.1a; 111.721

Robert J. Wines
ROBERT J. WINES

Attorney

Title

APN: 005-060-04

When Recorded return to:

Lee May
5051 Holly Drive
Shingle Springs, CA 95682

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF CALIFORNIA)
 : ss.
COUNTY OF El Dorado)

JOAN CRUMLEY, being first duly sworn, deposes and says:

That Affiant is one of the surviving children of the parties in that certain Grant, Bargain and Sale Deed, dated February 12, 1973, wherein ALBERT Z. SHELLEY and HELEN L. SHELLEY, husband and wife, parties of the first part, granted to SAMUEL O'GRADY and DORA M. O'GRADY, husband and wife, as joint tenants with right of survivorship, parties of the second part; conveying those certain lots, pieces or parcels of land situate in the County of Eureka, State of Nevada, more particularly described as follows:

The East Half (E-½) of the Northeast Quarter (NE-¼) of Section 25, Township 31 North, Range 48 East, M.D.B.&M.

That said Deed was recorded on February 21, 1973, in Book 45, at Page 05, as File Number 57119, Official Records, Eureka County Nevada Recorder's Office.

That the said DORA M. O'GRADY, one of the parties named in the aforesaid Deed, died in Los Angeles County, State of California, on April 19, 1969, and is the identical person named as DORA MABEL O'GRADY in that Certificate of Death, duly certified, attached hereto; that said



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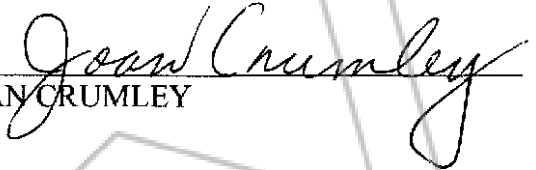
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certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

FURTHER AFFIANT SAITH NOT.


JOAN CRUMLEY

SUBSCRIBED AND SWORN TO
before me, by JOAN CRUMLEY
this ____ day of _____, 2015.

NOTARY PUBLIC
Commission Expires Oct. 25, 2018

See attached Jurat.



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CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

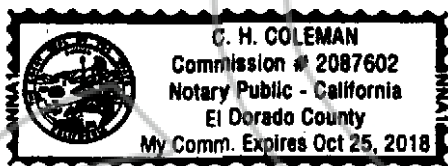
Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of El Dorado

Subscribed and sworn to (or affirmed) before me
 on this 26 day of Oct., 2015.
 by Date Month Year

(1) Joan Crumley
 (and (2) _____),
 Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature C. H. Coleman
 Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit Term Joint tenancy Document Date: 10/26/15
 Number of Pages: _____ Signer(s) Other Than Named Above: _____



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

7097-018237

STATE FILE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1a. NAME OF DECEASED—FIRST NAME Dora		1b. MIDDLE NAME Mabel		1c. LAST NAME O'Grady	
2a. DATE OF DEATH—MONTH, DAY, YEAR April 19, 1969		2b. HOUR 2:15 A.			
3. SEX Female		4. COLOR OR RACE Caucasian		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Idaho	
6. DATE OF BIRTH June 29, 1908		7. AGE (LAST BIRTHDAY) 60 YEARS		IF UNDER 1 YEAR IF UNDER 24 HOURS	
8. NAME AND BIRTHPLACE OF FATHER Augustus F. Blaser Switzerland		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Minnie John Utah			
10. CITIZEN OF WHAT COUNTRY USA		11. SOCIAL SECURITY NUMBER 69		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Samuel O'Grady		14. LAST OCCUPATION Senior Assembler		15. NUMBER OF YEARS IN THIS OCCUPATION 17	
16. NAME OF LAST EMPLOYING COMPANY OR FIRM North American Rockwell		17. KIND OF INDUSTRY OR BUSINESS Aircraft			
18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY Queen of the Valley Hospital		18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1515 S. Sunset Ave.		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes	
18d. CITY OR TOWN West Covina		18e. COUNTY Los Angeles		18f. LENGTH OF STAY IN COUNTY OF DEATH 40 YEARS	
18g. LENGTH OF STAY IN CALIFORNIA 40 YEARS		19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1003 N. Bromley Ave.		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) No	
19c. CITY OR TOWN Valinda		19d. COUNTY Los Angeles		19e. STATE California	
20. NAME AND MAILING ADDRESS OF INFORMANT Samuel O'Grady Husband		21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE VIEWED THE REMAINS OF DECEASED AS REQUIRED BY LAW. 8-10-68 4-19-69 4-18-69		21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM TO AND ENTER MONTH, DAY, YEAR ENTER MONTH, DAY, YEAR ENTER MONTH, DAY, YEAR	
21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE Mitchell E. Langner MD		21d. DATE SIGNED 4-20-69		21e. ADDRESS 1045 E. STATE ST. WEST COVINA	
21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER C-16509		22a. SPECIFY BURIAL, ENTOMBMENT, OR CREMATION Burial		22b. DATE 4-23-69	
22c. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Rose Hills Mortuary		23. NAME OF CEMETERY OR CREMATORY Rose Hills Memorial Park		24. ENBALMER—SIGNATURE (IF BODY ENBALMED) LICENSE NUMBER Arthur F. Lagana #2889	
25. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR APR 23 1969		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) No		27. LOCAL REGISTRAR—SIGNATURE Edna Beach MD	
28. PART I: DEATH WAS CAUSED BY: (A) IMMEDIATE CAUSE (B) DUE TO OR AS A CONSEQUENCE OF (C) DUE TO OR AS A CONSEQUENCE OF GASTRIC CARCINOMA		29. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. GASTRECTOMY		30. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO) YES	
31. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		32. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)		33. INJURY AT WORK (SPECIFY YES OR NO)	
34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		35. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19e) IN MILES		36. DATE OF INJURY—MONTH, DAY, YEAR	
37. HOUR		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)	
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 28)					
STATE REGISTRAR		A		B	
		C		D	
		E		F	

REV. 1-1-68 Form VS-11



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This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

 CONNY B. MCCORMACK
 Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

019595974

PISCO (Rev. 11/66)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE