

A.P.N.: 002-054-04  
File No.: 19-261333

When Recorded return to, and mail Tax Statements to:

Linda L. Coyle  
425 Calle Lippizana  
Goleta, CA 93117

EUREKA COUNTY, NV

**2019-238323**

Rec:\$35.00

\$35.00

Pgs=5

**03/22/2019 08:53 AM**

WFG NATIONAL TITLE COMPANY OF NEVADA

LISA HOEHNE, CLERK RECORDER

## AFFIDAVIT – TERMINATING JOINT TENANCY

**Linda L. Coyle**, of legal age, being first duly sworn, deposes and says:

That **James H. Woodyard**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **James H. Woodyard** named as one of the parties in that certain **Quitclaim Deed** dated **October 21, 1977** executed by **Ross P. Eardley** to **James H. Woodyard and Linda L. Woodyard, his wife and V.M. Schroepper and Esther T. Schroepper** as joint tenants, recorded as Document No. **64290** on **December 1, 1977** in book **62** of Official Records of **Eureka County, Nevada** covering the following described property situated in the County of **Eureka**, State of **Nevada**:

**See Attached Exhibit A**

Linda L. Coyle 3-15-19  
Linda L. Coyle Date

STATE OF: California )  
:ss.  
COUNTY OF: San Bernardino

This instrument was acknowledged before me on this:  
15 day of March, 2019.

By: **Linda L. Coyle**

See attached Calif ACK  
Notary Public

(My commission expires: 04-22-22)

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 Santa Barbara

On March 15, 2019 before me, Monica M Schlager, Notary Public,  
(Here insert name and title of the officer)

personally appeared Linda Coyte

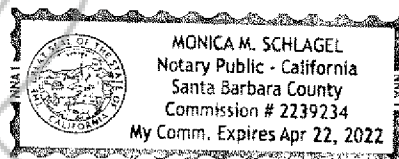
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), 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.

WITNESS my hand and official seal.

[Signature]  
Signature of Notary Public

(Notary Seal)



## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Aspirin

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

(Additional information)

### CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)  
☐ Corporate Officer

(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

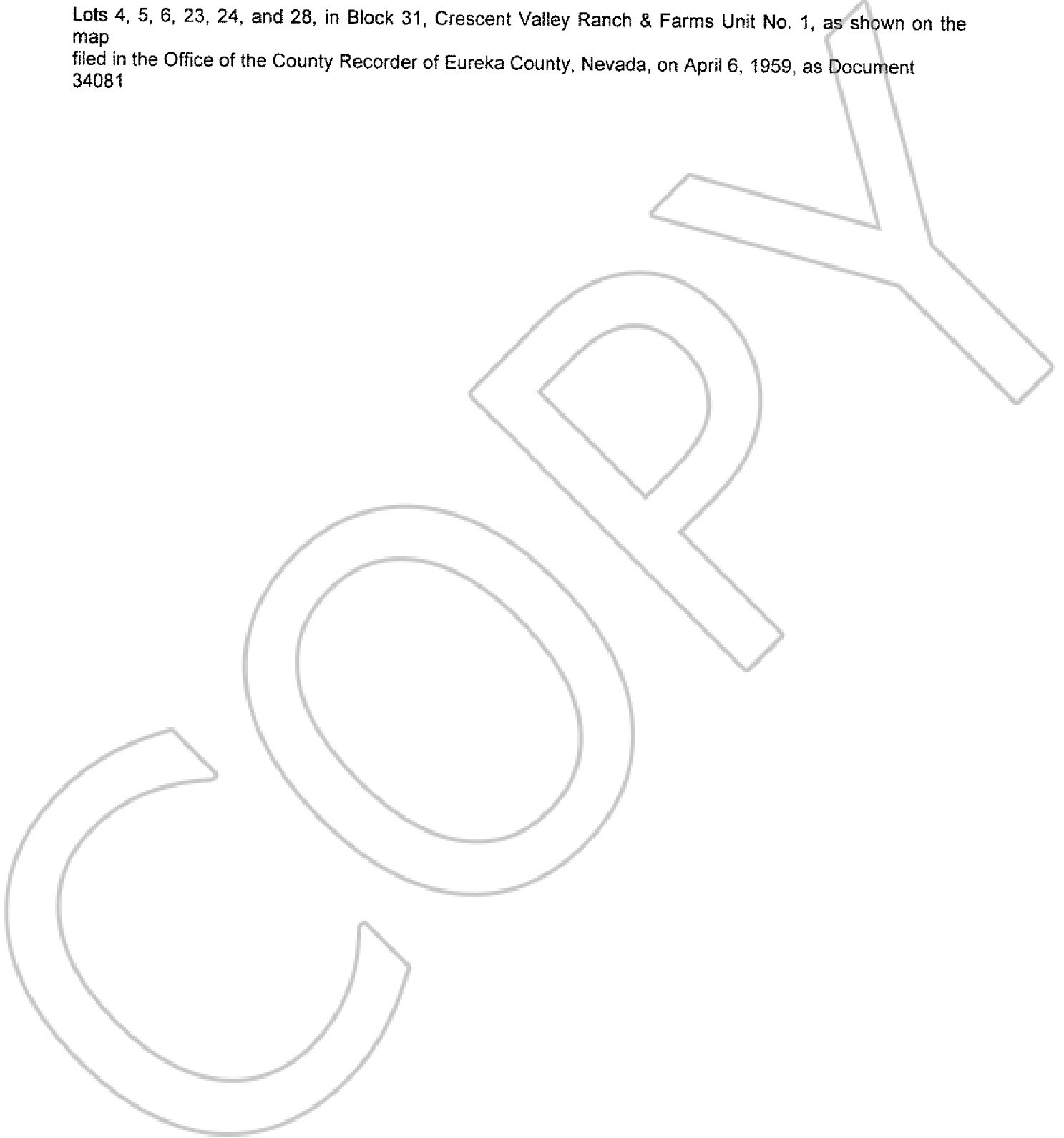
### INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
  - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

Lots 4, 5, 6, 23, 24, and 28, in Block 31, Crescent Valley Ranch & Farms Unit No. 1, as shown on the map  
filed in the Office of the County Recorder of Eureka County, Nevada, on April 6, 1959, as Document  
34081



**FRESNO, CALIFORNIA**

1093 0750

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST <b>JAMES</b>		1B. MIDDLE <b>HENRY</b>	1C. LAST <b>WOODYARD</b> <span style="border: 1px solid black; padding: 2px;">1 of 2</span>
2. SEX <b>Male</b>		4. RACE <b>Cauc.</b>	5. ETHNICITY <b>Not Stated</b>
3. DATE OF DEATH (MONTH, DAY, YEAR) <b>February 29, 1980</b>		6. AGE <b>60</b> YEARS	7. IF UNDER 1 YEAR MONTHS DAYS
8. IF UNDER 24 HOURS HOURS MINUTES		9. IF UNDER 24 HOURS HOURS MINUTES	10. IF UNDER 24 HOURS HOURS MINUTES
9. DISTRICT OF DECEASED (STATE OR FOREIGN COUNTRY) <b>Texas</b>		10. NAME AND BIRTHPLACE OF FATHER <b>George Woodyard - Alabama</b>	
11. CITY OF DEATH <b>U.S.A.</b>		12. MARITAL STATUS <b>Married</b>	
13. PRIMARY OCCUPATION <b>REAL ESTATE DEVELOPER</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>Linda Rawbell</b>	
15. NAME OF YEARS THIS OCCUPATION <b>30</b>		16. EMPLOYED (IF SELF-EMPLOYED, SO STATE) <b>Self</b>	
17. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>11931 Sonoma Way</b>		18. CITY OR TOWN <b>Northridge</b>	
19. COUNTY <b>Los Angeles</b>		20. STATE <b>California</b>	
21. PLACE OF DEATH <b>Highway</b>		22. COUNTY <b>Fresno</b>	
23. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>Madara Avenue</b>		24. CITY OR TOWN <b>Rural Kernan</b>	
25. DEATH WAS CAUSED BY: <b>(A) PENDING</b>		26. WAS DEATH REPORTED TO CORONER? <b>Yes</b>	
27. CORONER'S USE ONLY <b>(B) YES TO, OR AS A CONSEQUENCE OF</b>		28. WAS SPOUSE PERFORMED? <b>No</b>	
29. CORONER'S USE ONLY <b>(C) YES TO, OR AS A CONSEQUENCE OF</b>		29. WAS AUTOPSY PERFORMED? <b>Yes</b>	
30. OTHER CORONER'S CERTIFYING NOT BE RELATED TO THE IMMEDIATE CAUSE OF DEATH		31. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 23? TYPE OF OPERATION	
32A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, SHOP AND PLACE LISTED FROM THE CAUSE OF DEATH		32B. PHYSICIAN—SIGNATURE AND ADDRESS OR TITLE	
33. I ATTESTED DECEASED SINCE (ENTER MO., DA., YR.)		34. DATE SIGNED	
35. I LAST SAW DECEASED ALIVE (ENTER MO., DA., YR.)		36. PHYSICIAN'S LICENSE NUMBER	
37. TYPE PHYSICIAN'S NAME AND ADDRESS			
38. DEATH BY ACCIDENT, SUICIDE, ETC. <b>Accident</b>		39. PLACE OF DEATH <b>February 29, 1980</b>	
40. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		41. DESCRIBE HOW DEATH OCCURRED (STREETS WHERE INVOLVED IN DEATH)	
42. I CERTIFY THAT DEATH OCCURRED AT THE HOME, SHOP AND PLACE LISTED FROM THE CAUSE OF DEATH, AS REPORTED BY LAST I SAW DECEASED ALIVE (ENTER MO., DA., YR.)		43. CORONER'S SIGNATURE AND ADDRESS OR TITLE <b>David M. Hadden, M.D., Coroner</b>	
44. INVESTIGATION <b>Mar. 5, 1980</b>		45. CORONER'S LICENSE NUMBER AND SIGNATURE <b>2392 Wm. C. Mans</b>	
46. NAME OF PHYSICIAN DIRECTOR (FOR JURY ACTION AS SUCH)		47. LOCAL CERTIFICATION—SIGNATURE <b>Robert P. Withrow, M.D., By: 249</b>	
48. DATE RECEIVED BY LOCAL PHYSICIAN <b>Day, March 3, 1980</b>			
49. STATE REGISTRAR <b>A</b>		50. STATE REGISTRAR <b>B</b>	
51. STATE REGISTRAR <b>C</b>		52. STATE REGISTRAR <b>D</b>	
53. STATE REGISTRAR <b>E</b>		54. STATE REGISTRAR <b>F</b>	

\* 0 0 0 5 3 9 5 9 1 \*

This copy not valid unless prepared on engraved border displaying seal and signature of Recorder.

PAUL DICTOS, C.P.A.  
COUNTY RECORDER

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**



CERTIFICATION OF VITAL RECORD

# COUNTY of FRESNO

FRESNO, CALIFORNIA

THIS FORM MUST BE COMPLETED IN BLACK INK  
AMENDMENT OF MEDICAL AND HEALTH SECTION DATA

(INSTRUCTIONS ON REVERSE)

STATE CERTIFICATE NUMBER		<input checked="" type="checkbox"/> DEATH <input type="checkbox"/> FETAL DEATH <input type="checkbox"/> BIRTH		1097	0750
INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME		
	JAMES	HENRY	WOODYARD		
2. PLACE OF OCCURRENCE—CITY OR COUNTY	Kerman		3. DATE OF EVENT	4. DATE ORIGINAL FILED	
			2-29-80	3/3/80	
STATEMENT OF AMENDMENTS	5. ITEM NUMBER	6a. INFORMATION EXACTLY AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	6b. INFORMATION AS IT SHOULD BE STATED ON THE ORIGINAL CERTIFICATE		
	22A:	(Pending)	Transection of cervical spinal cord.		
	22B:		Occipitocervical dislocation		
	30:		County Road		
	31:		No		
	33:		Shaw & Madera Avenues, Kerman, California		
	34:		Car/Truck collision. (Driver)		
DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	7. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH REVERSES THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		8a. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	8b. DATE SIGNED	8c. DEGREE OR TITLE
			DAVID M. HADDEN, MD-CORONER	3-11-80	Coroner
REGISTRAR'S OFFICE	10a. OFFICE OF STATE OR LOCAL REGISTRAR		9c. ADDRESS—STREET, CITY, STATE		10b. DATE ACCEPTED
	Robert P. Withrow, M.D. By: Deputy Registrar		1100 Van Ness Avenue, Fresno, California		3/12/80

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

Form VS-24A (REV. 10-78)

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF FRESNO }

SS DATE ISSUED

DEC 06 2018



This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

This copy not valid unless prepared on engraved border displaying seal and signature of Recorder.  
FRCO (REV) 04/78

PAUL DICTOS, C.P.A.  
COUNTY RECORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE