

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
Rec:\$35.00
\$35.00 Pgs=4
WFG NATIONAL TITLE COMPANY OF NEVADA
LISA HOEHNE, CLERK RECORDER

2019-238324

03/22/2019 08:53 AM

AFFIDAVIT – TERMINATING JOINT TENANCY

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

That **V.M. Schroepfer**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **V.M. Schroepfer** 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. Schroepfer and Esther T. Schroepfer** 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: Santa Barbara

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, 2016 before me, Monica M Schlagel, Notary Public,
(Here insert name and title of the officer)

personally appeared Linda L. Coyte,

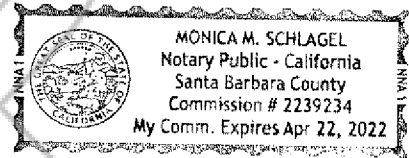
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),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

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

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit
(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

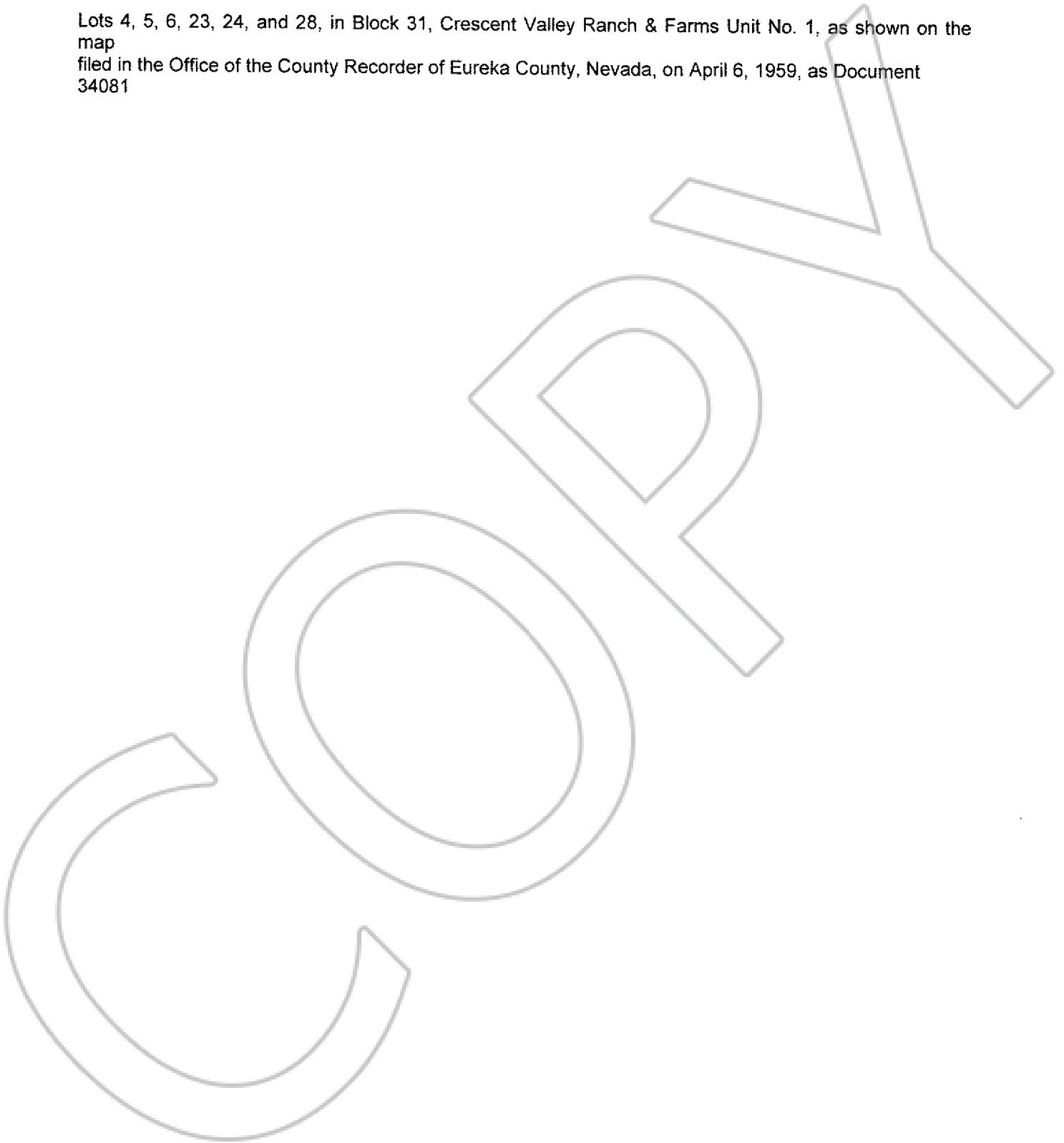
- Individual (s)
 Corporate Officer

(Title)

- Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

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



COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

BOOK 1980 PAGE

05200

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

33-005128

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST Valerius	1B. MIDDLE Michael	1C. LAST Schroepfer	2A. DATE OF DEATH (MONTH, DAY, YEAR) November 16, 1980		2B. HOUR 0014
3. SEX Male	4. RACE Cauc.	5. ETHNICITY	6. DATE OF BIRTH December 30, 1919	7. AGE 60	IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) MN	9. NAME AND BIRTHPLACE OF FATHER Hv Schroepfer/MN	10. BIRTH NAME AND BIRTHPLACE OF MOTHER Julia Unknown / Ger	11. CITIZEN OF WHAT COUNTRY U.S.A.	12. MARITAL STATUS Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Esther Henry
15. PRIMARY OCCUPATION Owner	16. NUMBER OF YEARS THIS OCCUPATION 11	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self Employed	18. KIND OF INDUSTRY OR BUSINESS Mobile Home Sales	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1025 S. Riverside Ave. #45	19B. COUNTY San Bernardino
19C. CITY OR TOWN Rialto	19D. STATE CA	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mrs. Donna L. Spurr - daughter 519 W. Taylor Sp 275 Santa Maria, California 93454	21A. PLACE OF DEATH Desert Hospital	21B. COUNTY Riverside	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1150 N. Indian Ave.
21D. CITY OR TOWN Palm Springs	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Cardiac Arrest (B) Hypertensin (C) Diabetes Mellitis	23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	24. WAS DEATH REPORTED TO CORONER? Yes	25. WAS RIPOST PERFORMED? No	26. WAS AUTOPSY PERFORMED? No
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Raymond J. Mesquita, M.D.	28C. DATE SIGNED 11-16-80	28D. PHYSICIAN'S LICENSE NUMBER	28E. TYPE PHYSICIAN'S NAME AND ADDRESS
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR	33. LOCATION (STREET AND NUMBER OF LOCATION AND CITY OR TOWN)
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN APPROPRIATE INVESTIGATION	35B. CORONER—SIGNATURE AND DEGREE OR TITLE Raymond J. Mesquita, M.D., Coroner	35C. DATE SIGNED 11-16-80	36. DISPOSITION Cremation	37. DATE—MONTH, DAY, YEAR 11-21-1980
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Forest Lawn Crematory 21300 Via Verde Drive, Covina	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed	40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Forest Lawn Mortuary/Covina	41. LOCAL REGISTRAR—SIGNATURE Allegre S. Bridges	42. DATE ACCEPTED BY LOCAL REGISTRAR NOV 19 1980	43. STATE REGISTRAR A. B. C. D. E. F.

CARVERSOR

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

DATE ISSUED **DEC 17 2018**

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Assessor-County Clerk-Recorder.



034813464

Peter Aldana
PETER ALDANA
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA

