

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

2019-238325

Rec:\$35.00

\$35.00 Pgs=4

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 Esther T.. Schroegger, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Esther T. Schroegger 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. Schroegger and Esther T. Schroegger 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, 2019 before me, Monica M Schlagel, Notary Public,  
(Here insert name and title of the officer)

personally appeared Linda L. Coyte

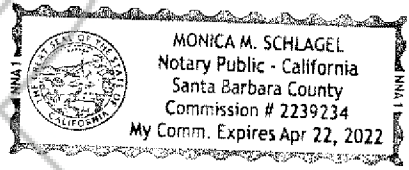
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),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

**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

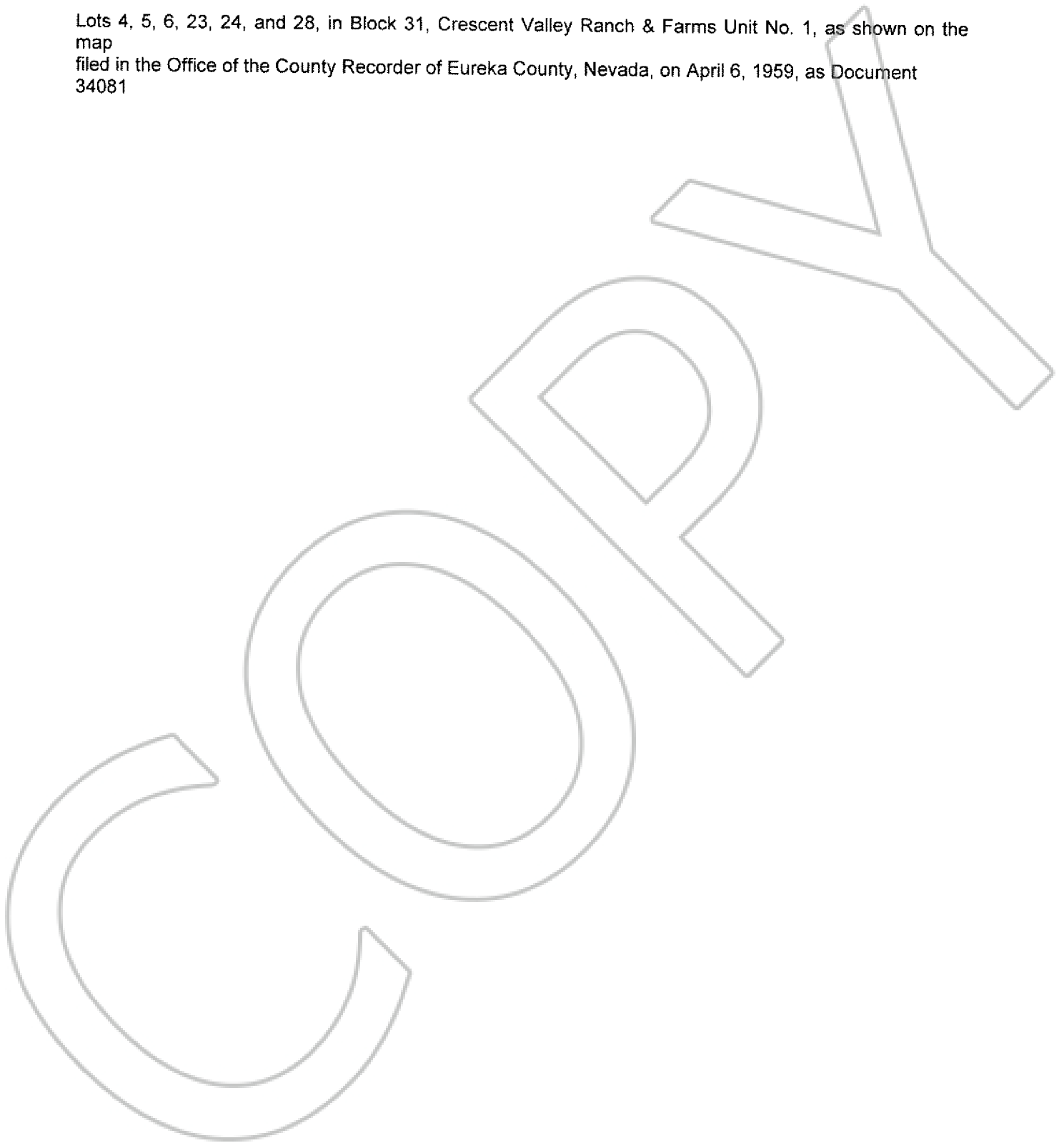
\_\_\_\_\_  
(Title)

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

- 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



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF SAN BERNARDINO

### SAN BERNARDINO, CALIFORNIA

### CERTIFICATE OF DEATH

3201436012558

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS (SEE REVERSE SIDE)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ESTHER		THELMA		SCHROEPPER	
AKA ALBO KNOWN AS - (Include full AKA (FIRST, MIDDLE, LAST))					
4. DATE OF BIRTH m/d/y		5. AGE Yrs.	6. UNDER ONE YEAR		7. SEX
04/08/1916		98	Months Days		F
8. BIRTH STATE/FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at time of Death)	
KS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. EDUCATION - (Highest Level Degree (see worksheet on back))		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEASED'S RACE - (Up to 3 races may be listed (see worksheet on back))	
08		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
17. USUAL OCCUPATION - (Type of work for most of life. DO NOT USE RETIRED)			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION
HOMEMAKER			OWN HOME		60
20. DECEDENT'S RESIDENCE (Street and number, or location)					
12110 OVERCREST DRIVE					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
YUCAIPA		SAN BERNARDINO		92399	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
45		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
ELISA MARIE JENNINGS, DAUGHTER					
27. INFORMANT'S MAILING ADDRESS (Street and number, or care name, number, city or town, state and zip)					
12110 OVERCREST DRIVE, YUCAIPA, CA 92399					
28. NAME OF SURVIVING SPOUSE/SPRP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
BERT		N		HENRY	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. BIRTH STATE	
KS		37. MIDDLE		38. BIRTH STATE	
39. DISPOSITION DATE m/d/y		40. PLACE OF FINAL DISPOSITION (Street and number, or care name, number, city or town, state and zip)			
12/24/2014		21300 VIA VERDE DR. COVINA, CA 91724			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/BU/RES		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FOREST LAWN MEMR PRKS & MTYS		FD1150		MAXWELL OHIKHUARE, MD	
47. DATE m/d/y		48. SIGNATURE OF LOCAL REGISTRAR			
12/23/2014					
101. PLACE OF DEATH					
RESIDENCE/HOSPICE					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
SAN BERNARDINO		12110 OVERCREST DRIVE		YUCAIPA	
107. CAUSE OF DEATH					
Enter the chain of events - diseases, injuries, or complications - that caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the primary. DO NOT abbreviate.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		108. DEATH REPORTED TO CORONER (AT)		109. DEATH REPORTED TO CORONER (BY)	
A. CARDIOPULMONARY ARREST		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
B. MYOCARDIAL INFARCTION		MINS		110. BIOPSY PERFORMED?	
C. ARTERIOSCLEROSIS		MINS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		YRS		111. AUTOPSY PERFORMED?	
NONE		YRS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. IF FEMALE, PREGNANT IN LAST YEAR?	
NONE		NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended (Time) (Date) (Time) (Date)		WALTER JONES III M.D.		A54962	
10/01/2014 12/15/2014		33423 YUCAIPA BLVD STE D, YUCAIPA, CA 92399		117. DATE m/d/y	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. INJURED AT WORK?		120. INJURY DATE m/d/y	
WALTER JONES III M.D.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. HOUR (24 Hours)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE m/d/y		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

### CERTIFIED COPY OF VITAL RECORD

#### STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK.

DATE ISSUED

JAN 10 2019



0 0 2 3 8 5 9 2 0

*Bob Dutton*  
BOB DUTTON  
ASSESSOR-RECORDER-CLERK

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



CASANBERG