

APN No.: 002-019-03, 002-043-03
Escrow No.: 23-119854

EUREKA COUNTY, NV

2023-250746

Rec:\$37.00

\$37.00

Pgs=4

06/16/2023 02:06 PM

WFG NEVADA - RW

KATHERINE J. BOWLING, CLERK RECORDER

**MAIL TAX STATEMENT TO AND
WHEN RECORDED RETURN TO:**

Karen J. Burgum
P.O. Box 295
Victorville, CA 92393

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF California } ss
COUNTY OF San Bernardino

Karen J. Burgum, of legal age, being duly sworn, deposes and says

That Robert L. Burgum, Deceased is the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as name on title named as one of the parties in that certain type of document dated February 28, 1967 executed by Nevada Title Guaranty Company to Robert L. Burgum and and Karen J. Burgum, husband and wife as joint tenants, recorded March 2, 1967 in/as Book 18, Page 232 File 44325, Official Records of Eureka County, NEVADA, covering the following described property.

See Attached Exhibit "A"

Dated this 6 day of June, 2023

Karen J. Burgum
Karen J. Burgum

STATE OF CALIFORNIA } ss:
COUNTY OF SAN BERNARDINO

This instrument was acknowledged before me on this 6 day of June, 2023
by Karen J. Burgum.

LARENICE MONTALVO
Notary Public for

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 San Bernardino }

On June 6, 2023 before me, Verenice Montoya, Notary Public
(Here insert name and title of the officer)

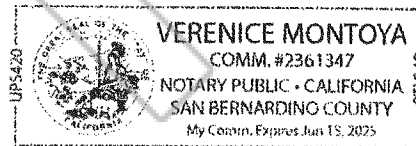
personally appeared Karen J Burgum
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s)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

Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit Termination Joint Tenancy

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 2 Document Date 06/06/2023

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

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

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- 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 with a staple.

**EXHIBIT A
LEGAL DESCRIPTION**

PARCEL 1:

LOT 11 IN BLOCK 10, AS SHOWN ON THE MAP OF CRESCENT VALLEY RANCH AND FARMS, UNIT NO. 1 FILED IN THE OFFICE OF THE COUNTY RECORDER OF EUREKA COUNTY, NEVADA ON APRIL 6, 1959 AS FILE NO. 34081.

PARCEL 2:

LOT 2 IN BLOCK 24, AS SHOWN ON THE MAP OF CRESCENT VALLEY RANCH AND FARMS, UNIT NO. 1 FILED IN THE OFFICE OF THE COUNTY RECORDER OF EUREKA COUNTY, NEVADA ON APRIL 6, 1959

Assessor's Parcel No: 002-019-03, 002-043-03

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3201019040661

1 NAME OF DECEDENT - FIRST, (Given) ROBERT		2 MIDDLE LEROY		3 LAST (Family) BURGUM		LOCAL REGISTRATION NUMBER 3201019040661	
4A ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)				4 DATE OF BIRTH mm/dd/yyyy 07/26/1934		5 AGE Yrs 76	
6 BIRTH BIRTH/DEATH COUNTRY SOUTH DAKOTA		10 SOCIAL SECURITY NUMBER [REDACTED]		11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS/SDOP (at Time of Death) MARRIED	
13 EDUCATION - HIGHEST LEVEL (do not include on back) SOME COLLEGE		14 WAS DECEDENT HISpanic/Latino/Hispanic? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		15 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		7 DATE OF DEATH mm/dd/yyyy 10/14/2010	
16 USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED GENERAL MANAGER				18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, meat construction, employment agency, etc.) CASINO		19 YEARS IN OCCUPATION 30	
20 DECEDENT'S RESIDENCE (Street and number, or location) 48303 20TH STREET WEST SPACE 5							
21 CITY LANCASTER		22 COUNTY/PROVINCE LOS ANGELES		23 ZIP CODE 93534		24 YEARS IN COUNTY 18	
25 STATE/FOREIGN COUNTRY CALIFORNIA		27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 48303 20TH STREET WEST SP 5, LANCASTER, CA 93534					
26 NAME OF SURVIVING SPOUSE/SDOP - FIRST CLARA		29 MIDDLE BELL		30 LAST (BIRTH NAME) DUDLEY		34 BIRTH STATE SD	
31 NAME OF FATHER/PARENT - FIRST CLARENCE		32 MIDDLE E		33 LAST MENNIS		36 BIRTH STATE SD	
35 NAME OF MOTHER/PARENT - FIRST RUTH		38 MIDDLE DOROTHY		37 LAST (BIRTH NAME) MEEKER			
39 DISPOSITION DATE mm/dd/yyyy 10/18/2010		40 PLACE OF FINAL DISPOSITION RESIDENCE OF CLARA LYNCH 48303 20TH STREET WEST SPACE 5, LANCASTER, CA 93534					
41 TYPE OF DISPOSITION CREMATION/RESIDENCE				42 SIGNATURE OF EMBALMER NOT EMBALMED		43 LICENSE NUMBER	
44 NAME OF FUNERAL ESTABLISHMENT HALLEY OLSEN MURPHY - LANCASTER				45 LICENSE NUMBER FD1067		46 SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD	
47 DATE mm/dd/yyyy 10/15/2010							
101 PLACE OF DEATH LANCASTER COMMUNITY HOSPITAL				102 IF HOSPITAL SPECIFY ONE: <input checked="" type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> LTC <input type="checkbox"/> Other			
104 COUNTY LOS ANGELES		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 43830 N 10TH ST W				106 CITY LANCASTER	
107 CAUSE OF DEATH IMMEDIATE CAUSE (First cause or condition resulting in death) (A) CARDIOPULMONARY ARREST (B) ADULT RESPIRATORY DISTRESS SYNDROME (C) PNEUMONIA		108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 SEPTIC SHOCK, ACUTE RENAL FAILURE		112 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list type of operation and date) NO		113A IF FEMALE, PREPREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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 Decedent's Attended Since: mm/dd/yyyy Decedent Last Seen Alive: mm/dd/yyyy		115 SIGNATURE AND TITLE OF CERTIFIER MARVIN L GINSBURG M.D.		116 LICENSE NUMBER G40816		117 DATE mm/dd/yyyy 10/15/2010	
118 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARVIN L GINSBURG M.D. 43839 15TH STREET WEST, LANCASTER, CA 93534		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE mm/dd/yyyy	
122 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123 HOUR (24 Hours)					
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125 LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126 SIGNATURE OF CORONER/DEPUTY CORONER				127 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR							

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

Dean C Logan
DEAN C LOGAN
Registrar-Recorder/County Clerk

JUN 07 2023

2000000505097*

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE