

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

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

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

EUREKA COUNTY, NV

2023-250747

Rec:\$37.00

\$37.00 Pgs=4

06/16/2023 02:06 PM

WFG NEVADA - RW

KATHERINE J. BOWLING, CLERK RECORDER

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 David C. Nielsen, 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 august 15, 1977 executed by Helen M. Nielsen to David C. Nielsen and Karen J. Burgum, as joint tenants, recorded September 1, 1977 in/as Book 60, Page 509 File 63561, 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.

LENEICE MONTOLUKE
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)

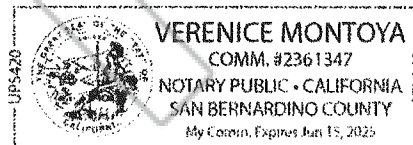
personally appeared Karen J Burgum,
who proved to me on the basis of satisfactory evidence to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by
his/her/their signature(s)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

SAN BERNARDINO, CALIFORNIA

CERTIFICATE OF DEATH

3200136009456

| STATE FILE NUMBER | | STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITESOUTS OR ALTERATIONS VS-1 (REV. 100) | | LOCAL REGISTRATION NUMBER | |
|---|---|--|---|---------------------------|--|
| DECEDENT PERSONAL DATA | 1. NAME OF DECEDENT—FIRST (GIVEN) | | 2. MIDDLE | | 3. LAST (FAMILY) |
| | David | | C. | | Nielsen |
| | 4. DATE OF BIRTH M/M/DD/CCTV | | 5. AGE YRS. | | 6. SEX |
| | 12/27/1932 | | 68 | | M |
| | 7. DATE OF DEATH M/M/DD/CCTV | | 8. HOUR | | |
| 10/20/2001 | | 1457 | | | |
| | 9. STATE OF BIRTH | | 10. SOCIAL SECURITY NO. | | 11. MILITARY SERVICE |
| | CA | | | | X YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> |
| | 12. MARITAL STATUS | | 13. EDUCATION—YEARS COMPLETED | | |
| | Widowed | | 12 | | |
| | 14. RACE | | 15. HISPANIC—SPECIFY | | 16. USUAL EMPLOYER |
| White | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | Arizona Pipeline | |
| 17. OCCUPATION | | 18. KIND OF BUSINESS | | 19. YEARS IN OCCUPATION | |
| Truck Driver | | Underground Pipeline | | 10 | |
| 20. RESIDENCE—(STREET AND NUMBER OR LOCATION) | | | | | |
| 5336 Miami Drive | | | | | |
| USUAL RESIDENCE | 21. CITY | | 22. COUNTY | | 23. ZIP CODE |
| | Topock | | Mohave | | 86436 |
| | 24. YRS IN COUNTY | | 25. STATE OR FOREIGN COUNTRY | | |
| 10 | | AZ | | | |
| 26. NAME, RELATIONSHIP | | | | | |
| Informant Phillip Nielsen—Son | | | | | |
| 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) | | | | | |
| 16665 Mesquite Street, Hesperia, CA 92345 | | | | | |
| SPOUSE AND PARENT INFORMATION | 28. NAME OF SURVIVING SPOUSE—FIRST | | 29. MIDDLE | | 30. LAST (MAIDEN NAME) |
| | | | | | |
| | 31. NAME OF FATHER—FIRST | | 32. MIDDLE | | 33. LAST |
| | Harold | | Curtis | | Nielsen |
| 34. BIRTH STATE | | 35. NAME OF MOTHER—FIRST | | 36. MIDDLE | |
| CA | | Helen | | Marie | |
| 37. LAST (MAIDEN) | | 38. BIRTH STATE | | 39. DATE M/M/DD/CCTV | |
| Afflerbaugh | | MT | | 10/29/2001 | |
| 40. PLACE OF FINAL DISPOSITION | | | | | |
| Desert View Memorial Park 11500 Armadillo Road, Victorville, CA 92392 | | | | | |
| FUNERAL DIRECTOR AND LOCAL REGISTRAR | 41. TYPE OF DISPOSITION(S) | | 42. SIGNATURE OF EMBALMER | | 43. LICENSE NO. |
| | CR/BU | | Not Embalmed | | |
| | 44. NAME OF FUNERAL DIRECTOR | | 45. LICENSE NO. | | 46. SIGNATURE OF LOCAL REGISTRAR |
| Desert View Memorial Park & Mortuary | | FD1573 | | 10/24/2001 | |
| PLACE OF DEATH | 101. PLACE OF DEATH | | 102. IF HOSPITAL, SPECIFY ONE: | | 103. FACILITY OTHER THAN HOSPITAL |
| | St. Mary's Regional Medical Center | | <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> OCA | | <input type="checkbox"/> CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER |
| | 104. COUNTY | | 105. STREET ADDRESS (STREET AND NUMBER OR LOCATION) | | 106. CITY |
| San Bernardino | | 18300 Highway 18 | | Apple Valley | |
| CAUSE OF DEATH | 107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) | | | | TIME INTERVAL BETWEEN DEATH AND REPORT |
| | IMMEDIATE CAUSE (A) Respiratory Failure | | | | Week |
| | DUE TO (B) Chronic Obstructive Lung Disease | | | | Years |
| | DUE TO (C) Tobacco Abuse | | | | Years |
| | DUE TO (D) | | | | |
| 108. DEATH REPORTED TO CORONER | | | | | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | |
| 109. PROSEY PERFORMED | | | | | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | |
| 110. AUTOPSY PERFORMED | | | | | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | |
| 111. USED IN DETERMINING CAUSE | | | | | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 | | | | | |
| Coronary Heart Disease, Peripheral Vascular Disease, Popliteal Aneurysm | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. | | | | | |
| Aortic Aneurysm Resection on 10/05/2001, Right below knee Amputation on 10/15/2001 | | | | | |
| PHYSICIAN'S CERTIFICATION | 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 PHYSICIAN | | 116. LICENSE NO. |
| | DECEASED ATTENDED SINCE DECEASED LAST SEEN ALIVE M/M/DD/CCTV | | 117. DATE M/M/DD/CCTV | | |
| | 05/08/1997 10/20/2001 | | William D. Suval 18092 Wika Rd.#220, Apple Valley, CA 92307 | | C66008 10/23/2001 |
| CORONER'S USE ONLY | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP | | 119. INJURY DATE M/M/DD/CCTV | | 120. HOUR |
| | 121. INJURY DATE M/M/DD/CCTV | | 122. HOUR | | 123. PLACE OF INJURY |
| | 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | | | | |
| | 125. MANNER OF DEATH | | | | |
| | <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE | | | | |
| <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENALTY INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED | | | | | |
| 126. SIGNATURE OF CORONER OR DEPUTY CORONER | | | | | |
| 127. DATE M/M/DD/CCTV | | | | | |
| 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER | | | | | |
| STATE REGISTRAR | | | | | |
| 5-10-31 | | | | | |
| FAX AUTH. #2426942 | | | | | |
| CENSUS TRACT | | | | | |

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.

002037280

See Bernardino County Assessor-Recorder-Clerk

DATE ISSUED

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