

APN: 004-370-17
Escrow No. 24046555-CD

When Recorded Return to:
Raymond V. Kendrick and Janice Best Kendrick
24701 Raymond Way #125
Lake Forest, CA 92630

EUREKA COUNTY, NV **2025-254300**
Rec:\$37.00
\$37.00 Pgs=4 **03/13/2025 11:06 AM**
FIRST CENTENNIAL - RENO (MAIN OFFICE)
KATHERINE J. BOWLING, CLERK RECORDER

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

Raymond V. Kendrick, of legal age, being duly sworn, deposes and says

That Nina Jelena Kendrick the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Nina J. Kendrick named as one of the parties in that certain Grant, Bargain, Sale Deed dated May 28, 1987 executed by S.E.I., Inc, Profit Sharing Plan and Trust to Raymond V. Kendrick and Nina J. Kendrick recorded as Instrument No. 108378, on June 16, 1987 in Book 157 Page 194 of Official Records of Eureka County, Nevada, covering the following described property.

LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A" AND MADE A PART HEREOF

Raymond Kendrick
Raymond V. Kendrick

Dated: *March 11*

STATE OF NEVADA

COUNTY OF _____

This instrument was acknowledged before me on this _____ day of _____, 20____, by _____.

Notary Public

*See attached
CA acknowledgement*

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

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.

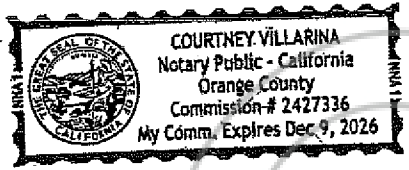
State of California

County of Orange

On 3-11-2025 before me, Courtney Villarina, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Raymond V. Hendrick
Name(s) of Signer(s)

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

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Affidavit

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____
 Corporate Officer - Title(s): _____ Corporate Officer - Title(s): _____
 Partner - Limited General Partner - Limited General
 Individual Attorney in Fact Individual Attorney in Fact
 Trustee Guardian or Conservator Trustee Guardian or Conservator
 Other: _____ Other: _____
/ Signer is Representing: _____ Signer is Representing: _____

Exhibit "A"
LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Eureka, described as follows:

Township 32 North, Range 51 East, MDB&M

Section 35: W1/2

TOGETHER WITH all improvements situate thereon.

TOGETHER WITH all water rights and grazing rights on or appertaining to said property.

RESERVING, HOWEVER, to the First Party, ONE-HALF (1/2) of all gas, oil, and mineral rights now owned in connection with said property.

COPY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3200930004498

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) NINA		3. LAST (Family) KENDRICK	
2. MIDDLE JELENA		4. DATE OF BIRTH mm/dd/yyyy 10/26/1940	
5. AGE Yrs. 68		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY NEBRASKA		12. MARITAL STATUS (at Time of Death) MARRIED	
11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		7. DATE OF DEATH mm/dd/yyyy 03/31/2009	
13. EDUCATION - Highest Level/Degree (See instructions on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back) WHITE	
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		19. YEARS IN OCCUPATION 52	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) OWN HOME	
20. DECEDENT'S RESIDENCE (street and number or location) 6302 TURNBERRY CIRCLE			
21. CITY HUNTINGTON BEACH		25. STATE/FOREIGN COUNTRY CALIFORNIA	
22. COUNTY/PROVINCE ORANGE		23. ZIP CODE 92648	
24. YEARS IN COUNTY 32		26. INFORMANT'S NAME, RELATIONSHIP RAYMOND KENDRICK, HUSBAND	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 6302 TURNBERRY CIRCLE, HUNTINGTON BEACH, CA 92648			
28. NAME OF SURVIVING SPOUSE - FIRST RAYMOND		30. LAST (Maiden Name) KENDRICK	
29. MIDDLE VIRGIL		34. BIRTH STATE COLORADO	
31. NAME OF FATHER - FIRST ORVAL		33. LAST JACKSON	
35. NAME OF MOTHER - FIRST HELEN		37. LAST (Maiden) FOSTER	
36. MIDDLE MAXINE		38. BIRTH STATE NEBRASKA	
39. DISPOSITION DATE mm/dd/yyyy 04/06/2009		40. PLACE OF FINAL DISPOSITION GOOD SHEPHERD CEMETERY 8301 TALBERT AVENUE, HUNTINGTON BEACH, CA 92647	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMERALMER FRANK WARD	
43. LICENSE NUMBER EMB7713		44. NAME OF FUNERAL ESTABLISHMENT WESTMINSTER MEMORIAL PARK MORT	
45. LICENSE NUMBER FD1030		46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.	
47. DATE mm/dd/yyyy 04/03/2009		48. PLACE OF DEATH RESIDENCE	
104. COUNTY ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 6302 TURNBERRY CIRCLE	
106. CITY HUNTINGTON BEACH		107. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/SLTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
108. CAUSE OF DEATH IMMEDIATE CAUSE (Final cause of death or condition resulting in death) A) ACUTE MYOCARDIAL INFARCTION B) ATHEROSCLEROTIC HEART DISEASE C) HYPERTENSION D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 101 HYPERTENSION		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE 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"/> Coroner and to be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
115. SIGNATURE AND TITLE OF CERTIFIER ARUN BUDHRAJA M.D.		116. LICENSE NUMBER A39298	
117. DATE mm/dd/yyyy 04/15/2005		118. DATE mm/dd/yyyy 04/01/2009	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ARUN BUDHRAJA M.D. 17822 BEACH BOULEVARD, # 173, HUNTINGTON BEACH, CA 92647		120. HOURS (24 Hours) 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		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

7251

CERTIFIED COPY OF VITAL RECORDS APR 08 2009

002513565

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED
Eric G. Handler M.D.
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

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

PRNCTO (REV) 11/05

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

