

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 acknowledgment*

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.

Place Notary Seal and/or Stamp Above

Signature _____
 Signature of Notary Public

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: _____

- ☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____

/ Signer is Representing: _____

Signer's Name: _____

- ☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____

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.

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

3200930004496

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		3. LAST (Family)	
NINA		KENDRICK	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
JELENA		10/26/1940	
5. AGE Yrs.		6. SEX	
68		F	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24-hour)	
03/31/2009		0700	
9. BIRTH STATE/FOREIGN COUNTRY		10. MARITAL STATUS (at time of death)	
NEBRASKA		MARRIED	
11. EVER IN U.S. ARMED FORCES		12. DECEDENT'S RACE — Up to 3 races may be listed (see instructions on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WHITE	
13. EDUCATION — Highest Level/Degree (See instructions on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back)	
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)	
HOMEMAKER		OWN HOME	
17. YEARS IN OCCUPATION		18. YEARS IN INDUSTRY	
52			
19. DECEDENT'S RESIDENCE (street and number or location)			
6302 TURNBERRY CIRCLE			
20. CITY			
HUNTINGTON BEACH			
21. COUNTY/PROVINCE			
ORANGE			
22. ZIP CODE			
92648			
23. YEARS IN COUNTY			
32			
24. STATE/FOREIGN COUNTRY			
CALIFORNIA			
25. INFORMANT'S NAME, RELATIONSHIP			
RAYMOND KENDRICK, HUSBAND			
26. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
6302 TURNBERRY CIRCLE, HUNTINGTON BEACH, CA 92648			
27. NAME OF SURVIVING SPOUSE — FIRST		28. MIDDLE	
RAYMOND		VIRGIL	
29. LAST (Married Name)		30. BIRTH STATE	
KENDRICK		COLORADO	
31. NAME OF FATHER — FIRST		32. MIDDLE	
ORVAL		H.	
33. LAST		34. BIRTH STATE	
JACKSON		NEBRASKA	
35. NAME OF MOTHER — FIRST		36. MIDDLE	
HELEN		MAXINE	
37. LAST (Maiden)		38. BIRTH STATE	
FOSTER		NEBRASKA	
39. DISPOSITION DATE mm/dd/yyyy			
04/06/2009			
40. PLACE OF FINAL DISPOSITION			
GOOD SHEPHERD CEMETERY			
5301 TALBERT AVENUE, HUNTINGTON BEACH, CA 92647			
41. TYPE OF DISPOSITION			
BU			
42. SIGNATURE OF EMERALINE			
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			
101. PLACE OF DEATH			
RESIDENCE			
102. IF HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
6302 TURNBERRY CIRCLE			
104. CITY			
HUNTINGTON BEACH			
105. CAUSE OF DEATH			
Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
(A) ACUTE MYOCARDIAL INFARCTION			
(B) ATHEROSCLEROTIC HEART DISEASE			
106. DEATH REPORTED TO CORONER?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
107. DEATH REPORTED TO CORONER?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
108. DEATH REPORTED TO CORONER?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
109. DEATH REPORTED TO CORONER?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
110. DEATH REPORTED TO CORONER?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
111. USED IN DETERMINING CAUSE?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 101			
HYPERTENSION			
113. WAD 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.			
115. SIGNATURE AND TITLE OF CERTIFIER			
ARUN BUDHRAJA M.D.			
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
ARUN BUDHRAJA M.D.			
17822 BEACH BOULEVARD, # 173, HUNTINGTON BEACH, CA 92647			
117. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
118. INJURED AT WORK?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
119. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
120. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
121. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
122. SIGNATURE OF CORONER / DEPUTY CORONER			
123. DATE mm/dd/yyyy			
124. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
125. SIGNATURE OF CORONER / DEPUTY CORONER			
126. DATE mm/dd/yyyy			
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
128. SIGNATURE OF CORONER / DEPUTY CORONER			
129. DATE mm/dd/yyyy			
130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
131. SIGNATURE OF CORONER / DEPUTY CORONER			
132. DATE mm/dd/yyyy			
133. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
134. SIGNATURE OF CORONER / DEPUTY CORONER			
135. DATE mm/dd/yyyy			
136. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
137. SIGNATURE OF CORONER / DEPUTY CORONER			
138. DATE mm/dd/yyyy			
139. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
140. SIGNATURE OF CORONER / DEPUTY CORONER			
141. DATE mm/dd/yyyy			
142. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
143. SIGNATURE OF CORONER / DEPUTY CORONER			
144. DATE mm/dd/yyyy			
145. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
146. SIGNATURE OF CORONER / DEPUTY CORONER			
147. DATE mm/dd/yyyy			
148. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
149. SIGNATURE OF CORONER / DEPUTY CORONER			
150. DATE mm/dd/yyyy			
151. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
152. SIGNATURE OF CORONER / DEPUTY CORONER			
153. DATE mm/dd/yyyy			
154. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
155. SIGNATURE OF CORONER / DEPUTY CORONER			
156. DATE mm/dd/yyyy			
157. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
158. SIGNATURE OF CORONER / DEPUTY CORONER			
159. DATE mm/dd/yyyy			
160. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
161. SIGNATURE OF CORONER / DEPUTY CORONER			
162. DATE mm/dd/yyyy			
163. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
164. SIGNATURE OF CORONER / DEPUTY CORONER			
165. DATE mm/dd/yyyy			
166. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
167. SIGNATURE OF CORONER / DEPUTY CORONER			
168. DATE mm/dd/yyyy			
169. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
170. SIGNATURE OF CORONER / DEPUTY CORONER			
171. DATE mm/dd/yyyy			
172. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
173. SIGNATURE OF CORONER / DEPUTY CORONER			
174. DATE mm/dd/yyyy			
175. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
176. SIGNATURE OF CORONER / DEPUTY CORONER			
177. DATE mm/dd/yyyy			
178. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
179. SIGNATURE OF CORONER / DEPUTY CORONER			
180. DATE mm/dd/yyyy			
181. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
182. SIGNATURE OF CORONER / DEPUTY CORONER			
183. DATE mm/dd/yyyy			
184. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
185. SIGNATURE OF CORONER / DEPUTY CORONER			
186. DATE mm/dd/yyyy			
187. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
188. SIGNATURE OF CORONER / DEPUTY CORONER			
189. DATE mm/dd/yyyy			
190. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
191. SIGNATURE OF CORONER / DEPUTY CORONER			
192. DATE mm/dd/yyyy			
193. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
194. SIGNATURE OF CORONER / DEPUTY CORONER			
195. DATE mm/dd/yyyy			
196. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
197. SIGNATURE OF CORONER / DEPUTY CORONER			
198. DATE mm/dd/yyyy			
199. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
200. SIGNATURE OF CORONER / DEPUTY CORONER			
201. DATE mm/dd/yyyy			
202. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
203. SIGNATURE OF CORONER / DEPUTY CORONER			
204. DATE mm/dd/yyyy			
205. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
206. SIGNATURE OF CORONER / DEPUTY CORONER			
207. DATE mm/dd/yyyy			
208. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
209. SIGNATURE OF CORONER / DEPUTY CORONER			
210. DATE mm/dd/yyyy			
211. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
212. SIGNATURE OF CORONER / DEPUTY CORONER			
213. DATE mm/dd/yyyy			
214. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
215. SIGNATURE OF CORONER / DEPUTY CORONER			
216. DATE mm/dd/yyyy			
217. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
218. SIGNATURE OF CORONER / DEPUTY CORONER			
219. DATE mm/dd/yyyy			
220. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
221. SIGNATURE OF CORONER / DEPUTY CORONER			
222. DATE mm/dd/yyyy			
223. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
224. SIGNATURE OF CORONER / DEPUTY CORONER			
225. DATE mm/dd/yyyy			
226. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
227. SIGNATURE OF CORONER / DEPUTY CORONER			
228. DATE mm/dd/yyyy			
229. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
230. SIGNATURE OF CORONER / DEPUTY CORONER			
231. DATE mm/dd/yyyy			
232. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
233. SIGNATURE OF CORONER / DEPUTY CORONER			
234. DATE mm/dd/yyyy			
235. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
236. SIGNATURE OF CORONER / DEPUTY CORONER			
237. DATE mm/dd/yyyy			
238. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
239. SIGNATURE OF CORONER / DEPUTY CORONER			
240. DATE mm/dd/yyyy			
241. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
242. SIGNATURE OF CORONER / DEPUTY CORONER			
243. DATE mm/dd/yyyy			
244. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
245. SIGNATURE OF CORONER / DEPUTY CORONER			
246. DATE mm/dd/yyyy			
247. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
248. SIGNATURE OF CORONER / DEPUTY CORONER			
249. DATE mm/dd/yyyy			
250. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
251. SIGNATURE OF CORONER / DEPUTY CORONER			
252. DATE mm/dd/yyyy			
253. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
254. SIGNATURE OF CORONER / DEPUTY CORONER			
255. DATE mm/dd/yyyy			
256. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
257. SIGNATURE OF CORONER / DEPUTY CORONER			
258. DATE mm/dd/yyyy			
259. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
260. SIGNATURE OF CORONER / DEPUTY CORONER			
261. DATE mm/dd/yyyy			
262. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
263. SIGNATURE OF CORONER / DEPUTY CORONER			
264. DATE mm/dd/yyyy			
265. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
266. SIGNATURE OF CORONER / DEPUTY CORONER			
267. DATE mm/dd/yyyy			
268. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
269. SIGNATURE OF CORONER / DEPUTY CORONER			
270. DATE mm/dd/yyyy			
271. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
272. SIGNATURE OF CORONER / DEPUTY CORONER			
273. DATE mm/dd/yyyy			
274. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
275. SIGNATURE OF CORONER / DEPUTY CORONER			
276. DATE mm/dd/yyyy			
277. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
278. SIGNATURE OF CORONER / DEPUTY CORONER			
279. DATE mm/dd/yyyy			
280. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
281. SIGNATURE OF CORONER / DEPUTY CORONER			
282. DATE mm/dd/yyyy			
283. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
284. SIGNATURE OF CORONER / DEPUTY CORONER			
285. DATE mm/dd/yyyy			
286. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
287. SIGNATURE OF CORONER / DEPUTY CORONER			
288. DATE mm/dd/yyyy			
289. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			
289. SIGNATURE OF CORONER / DEPUTY CORONER			
289. DATE mm/dd/yyyy			
289. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
ERIC G. HANDLER, M.D.			

CERTIFIED COPY OF VITAL RECORDS : APR 08 2009

002513565

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED

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.

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

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

PRINTED 11/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE