DOC # 0213197

04/03/2009 01 31 PM

Official Record

Recording requested By
EILEEN HOFSTETLER

Eureka County - NV
Mike Rebaleati - Recorder

Fee $17.00 Page 1 of 4
RPTT: Recorded By FES
Book- 0486 Page- 0139

0213197

Affidavit-Termination of Joint Tenancy (Death of a Joint Tenant)

ASSESSOR'S PARCEL NO. (APN#): 005-260-32

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Eileen A Hufstetler

Address: 1600 Northwood Rd. #275B

City/State/Zip: Seal Beach, CA 90740

I, Eileen A. Hufstetler, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Ronald Claude Hufstetler, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Ronald C. Hufstetler
(Deceased Name as shown on Deed)

named as one of the parties in that certain Deed
(Type of Document)

dated on the 7th day of January, 1976 and executed by Lloyd W. & Frances Smithson known as "Grantor(s)" to Ronald C. & Eileen A. Hufstetler, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. Page 370 & 371, on the 7th day of January, 1976, in book 54, of Official Records of Eureka County, Nevada, covering the following described property situated in the City of _____, County of Eureka, State of Nevada.
(Set forth legal description and commonly known street address, if known)

See exhibit A

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of $ 0.

In witness Whereof, I/We have hereunto set my hand/our hands this 31 day of March 20 09

Eileen A. Hufstetler
(Signature)
EILEEN A. HUFSTETLER
(Print or type name here)

(Signature)
(Print or type name here)

STATE OF NEVADA)
)
COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) _____

By (person(s) appearing before notary public) _____

(Notary Public)
My Commission expires: _____

(Notary Stamp)

See attachment for notarial seal

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of Orange }

On 3-31-09 (Date) before me, Teddy A. Starke Notary Public (Here Insert Name and Title of the Officer)

personally appeared Eileen A. Hufstetler (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 Teddy A. Starke (Signature of Notary Public)

TEDDY A. STARKE
Commission # 1601625
Notary Public - California
Orange County
My Comm. Expires Aug 19, 2009

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit-Termination of Joint Tenancy

Document Date: 3-31-09 Number of Pages: 1

Signer(s) Other Than Named Above: none

Capacity(ies) Claimed by Signer(s)

Signer's Name: Eileen A. Hufstetler
- ☑ Individual
- ☐ Corporate Officer — Title(s):
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other:

Signer Is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name:
- ☐ Individual
- ☐ Corporate Officer — Title(s):
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other:

Signer Is Representing:

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

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
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11(REV 8/04)

STATE FILE NUMBER: 3200830000442
LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)
RONALD	CLAUDE	HUFSTETLER

AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST): -

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	If UNDER ONE YEAR: Months / Days	If UNDER 24 HOURS: Hours / Minutes	6. SEX
03/30/1930	77			M

8. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	9. HOUR (24 Hours)
UTAH	[redacted]	☐ YES ☒ NO ☐ UNK	MARRIED	01/09/2008	1620

13. EDUCATION — Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)
BACHELOR	☐ YES ☒ NO	WHITE

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
ENGINEER	AEROSPACE	30

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location)				
1600 NORTHWOOD ROAD #275B				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
SEAL BEACH	ORANGE	90740	35	CALIFORNIA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
EILEEN HUFSTETLER, WIFE	1600 NORTHWOOD ROAD #275B, SEAL BEACH, CA 90740

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Maiden Name)	
EILEEN	ANNETTE	BLANKINSHIP	
31. NAME OF FATHER — FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
CLAUDE	LEROY	HUFSTETLER	UTAH
35. NAME OF MOTHER — FIRST	**36. MIDDLE**	**37. LAST (Maiden)**	**38. BIRTH STATE**
NELLIE	MARGUERITE	THOMPSON	IDAHO

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION		
01/15/2008	WESTMINSTER MEMORIAL PARK, 14801 BEACH BOULEVARD, WESTMINSTER, CA 92683		
41. TYPE OF DISPOSITION(S)	**42. SIGNATURE OF EMBALMER**		**43. LICENSE NUMBER**
BU	▸ LA REE MERICKEL		EMB7928
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER**	**46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE mm/dd/ccyy**
WESTMINSTER MEMORIAL PARK MORT	FD1030	▸ ERIC G. HANDLER, M.D.	01/14/2008

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
COUNTRY VILLA	☐ IP ☐ ER/OP ☐ DOA	☐ Hospice ☒ Nursing Home/LTC ☐ Decedent's Home ☐ Other	
104. COUNTY	**105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)**		**106. CITY**
ORANGE	3000 BEVERLY MANOR ROAD		SEAL BEACH

CAUSE OF DEATH

107. 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

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(a) RESPIRATORY ARREST	(a1) HOURS	☒ YES ☐ NO
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(b) END STAGE PARKINSON'S DISEASE	(b1) YEARS	CORONER'S CASE NUMBER: 08-00261-BA
	(c)	(c1)	109. BIOPSY PERFORMED? ☐ YES ☒ NO
	(d)	(d1)	110. AUTOPSY PERFORMED? ☐ YES ☒ NO
			111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: RETINITIS PIGMENTOSA

G20.0

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☐ NO ☐ UNK

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 CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
(a) Decedent Attended Since mm/dd/ccyy: 09/01/2005 (b) Decedent Last Seen Alive mm/dd/ccyy: 09/14/2007	▸ NANCY ANNE SMITH M.D.	A60394	01/14/2008

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: NANCY ANNE SMITH M.D., 1661 GOLDEN RAIN ROAD, SEAL BEACH, CA 90740

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined

120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK

121. INJURY DATE mm/dd/ccyy

122. HOUR (24 Hours)

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

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/ccyy

128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH #	CENSUS TRACT
						01200800069545		

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF ORANGE }

DATE ISSUED MAR 2 6 2009

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.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

PRMC 04(REV 11/06)

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT A

the second part

All that Real Property *situated in the*

County of EUREKA *, State of* NEVADA

bounded and described as follows: The Northeast one quarter of the Southwest one quarter of Section 17, Township 30 North, Range 49 East, Mount Diablo Base & Meridian, according to Government survey.

RESERVING THEREFROM an easement of 30' along northerly and easterly boundaries for ingress and egress, with power to dedicate, and, except any and all oil rights, including the right of entry for exploration and production of oil or other hydro-carbons and subject to rights, rights of way, easements, reservations, restrictions, covenants, conditions of record, if any.

This is the Nevada address.

IN WITNESS WHEREOF the first part s *.ha* ve *executed this conveyance this*

7th. *day of* January *,19* 76

Frances R. Smithson

Floyd D. Smithson

William N. Olson

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Cowdery's Form No. 484 - CODE DEED - GRANT, JOINT TENANCY, OR QUIT-CLAIM. (C. C. Sec. 1092) PTD-11/74