

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

I, MARY C. PATTON, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That ROBERT E BALTZER, the decedent
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as ROBERT E BALTZER,
(Deceased Name as shown on Deed)

named as one of the parties in that certain QUICK CLAIM DEED GRANT DEED
(Type of Document)

dated on the 11 day of NOV JULY, 19 90, and executed by ROBERT E BALTZER, known as "Grantor(s)"

to ROBERT E BALTZER AND MARY C PATTON, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 229899, on the

11 day of JULY, 19 90, in book 790 pg 1163, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the City of

WELLINGTON, County of DOUGLAS, State of Nevada.
(Set forth legal description and commonly known street address, if known)

LOT 21, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT. NO. 3 FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 31, 1969, IN BOOK 1 OF MAPS, PAGE 221, AS DOCUMENT NO. 44091

APN 37-281-12

ASSESSOR'S PARCEL NO. (APN#) 37-281-12

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 \$ _____

In Witness Whereof, I/We have hereunto set my hand/our hands this 31 day of AUGUST 2000

Mary C Patton
(Signature)
MARY C PATTON
(Print or type name here)

(Signature)

(Print or type name here)

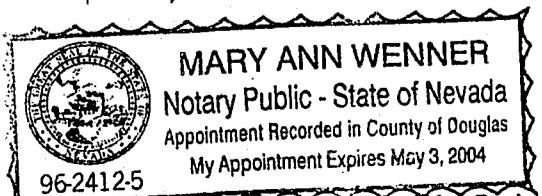
STATE OF NEVADA }
COUNTY OF DOUGLAS }
On this 31st day of AUGUST, 2000
personally appeared before me, a Notary Public
MARY C. PATTON

RECORDING REQUESTED BY AND MAIL TO
NAME MARY C PATTON
ADDRESS 1109 CAVE AVE
CITY/ST/ZIP BAKERSFIELD, CALIF 93312
If applicable mail tax statements to
NAME SAME AS ABOVE
ADDRESS
CITY/ST/ZIP

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that I he executed the instrument.

Mary Ann Wenner
(Notary Public)

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY



(Notary Stamp)

0498618
BK0800PG5796

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

DEPARTMENT OF PUBLIC HEALTH

1700 FLOWER STREET, BAKERSFIELD, CALIFORNIA 93305-4198

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) ROBERT		2. MIDDLE E.		3. LAST (FAMILY) BALTZER	
	4. DATE OF BIRTH M M / D D / C C Y Y 05/25/1929		5. AGE YRS. 70		6. SEX MALE	
	7. DATE OF DEATH M M / D D / C C Y Y 11/06/1999		8. HOUR 1615		9. STATE OF BIRTH NORTH DAKOTA	
	10. SOCIAL SECURITY NO. 1667		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MARRIED	
USUAL RESIDENCE	13. EDUCATION—YEARS COMPLETED 16		14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	16. USUAL EMPLOYER MCDONALD DOUGLAS AIRCRAFT		17. OCCUPATION MAINTENANCE SUPERVISOR		18. KIND OF BUSINESS AIRCRAFT MANUFACTURING	
	19. YEARS IN OCCUPATION 34		20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 11109 CAVE AVENUE		21. CITY BAKERSFIELD	
	22. COUNTY KERN		23. ZIP CODE 93312		24. YRS IN COUNTY 1	
INFORMANT	25. STATE OR FOREIGN COUNTRY CALIFORNIA		26. NAME, RELATIONSHIP MARY PATTON BALTZER - WIFE			
	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 11109 CAVE AVENUE, BAKERSFIELD, CALIFORNIA 93312					
	28. NAME OF SURVIVING SPOUSE—FIRST MARY		29. MIDDLE PATTON		30. LAST (MAIDEN NAME) THOMAS	
	31. NAME OF FATHER—FIRST JOHN		32. MIDDLE -		33. LAST BALTZER	
SPOUSE AND PARENT INFORMATION	34. BIRTH STATE CO		35. NAME OF MOTHER—FIRST EMMA		36. MIDDLE -	
	37. LAST (MAIDEN) WEBER		38. BIRTH STATE ND		39. DATE M M / D D / C C Y Y 11/10/1999	
	40. PLACE OF FINAL DISPOSITION ROSE HILLS MEMORIAL PARK, WHITTIER, CALIFORNIA					
	41. TYPE OF DISPOSITION(S) CR/BU/TR/RES					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. -		44. NAME OF FUNERAL DIRECTOR CENTURIAN MEMORIAL SOCIETY	
	45. LICENSE NO. FD 1369		46. SIGNATURE OF LOCAL REGISTRAR B. JINADU, M.D.		47. DATE M M / D D / C C Y Y 11/10/1999	
	101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV HOSP <input type="checkbox"/> RES CARE <input type="checkbox"/> OTHER	
	104. COUNTY KERN		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 11109 CAVE AVENUE			
PLACE OF DEATH	106. CITY BAKERSFIELD		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) METASTATIC CANCER			
	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER C-1730-99		109. BIOPSY 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 type="checkbox"/> NO			
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
PHYSICIAN'S CERTIFICATION	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M M / D D / C C Y Y 07/21/1999		115. SIGNATURE AND TITLE OF CERTIFIER B. Jinadu		116. LICENSE NO. A069648	
	117. DATE M M / D D / C C Y Y 11/9/55		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP SHANE TU, M.D., 6501 TRUXTUN AVENUE, BAKERSFIELD, CALIFORNIA 93309			
	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M M / D D / C C Y Y	
CORONER'S USE ONLY	122. HOUR		123. PLACE OF INJURY			
	124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
	126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M M / D D / C C Y Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	

55334

CERTIFIED COPY OF VITAL RECORDS

FAX AUTH. # 0164849

SEAL

STATE OF CALIFORNIA }
COUNTY OF KERN } SS

DATE ISSUED

NOV 11 1999

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION OF THE DEPARTMENT OF PUBLIC HEALTH SERVICES.

B.A. JINADU, MD, MPH
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

0498618
BK0800PG5797



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

DEPARTMENT OF PUBLIC HEALTH

1700 FLOWER STREET, BAKERSFIELD, CALIFORNIA 93305-4198

AFFIDAVIT TO AMEND A RECORD

STATE FILE NUMBER DEATHS AFTER 1-1994 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER NO ERASURES, WHITEOUTS, OR ALTERATIONS

STATE/LOCAL REGISTRAR USE ONLY 1. 2. 3.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD 1. NAME—FIRST (GIVEN) 2. MIDDLE 3. LAST (FAMILY) 4. SEX 5. DATE OF EVENT—MM/DD/CCYY 6. CITY OF OCCURRENCE 7. COUNTY OF OCCURRENCE 8. FATHER'S NAME AS STATED ON ORIGINAL 9. MOTHER'S NAME AS STATED ON ORIGINAL

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

Table with 3 columns: 10. CERTIFICATE ITEM NUMBER, 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD, 12. INFORMATION AS IT SHOULD APPEAR. Includes correction for address and residence.

REASON FOR CORRECTION 13. CREMAINS SPLIT FOR TWO DISPOSITIONS.

AFFIDAVITS AND SIGNATURES We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

Signatures and titles of Kenneth Smith (Funeral Director) and Karen Mish (Bookkeeper/Secretary). Includes date signed 11/08/1999 and registrar signature B. Jinadu, M.D. dated 11/11/1999.

55341

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } COUNTY OF KERN } ss

DATE ISSUED NOV 11 1999

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION OF THE DEPARTMENT OF PUBLIC HEALTH SERVICES.

B.A. JINADU, MD, MPH HEALTH OFFICER AND LOCAL REGISTRAR OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

0498618 BK0800PG5798

SEAL



COPY

OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA
MARY C. PATTON
2000 AUG 31 PM 12:27

LINDA SLATER, RECORDER

0498618

BY MS \$10.00

BK0800PG5799