

10
Kulyk + Negri
5550 Cerritos Ave Ste J
Cypress CA 90630
WHEN RECORDED RETURN TO:

DOC # 0701903
05/29/2007 10:36 AM Deputy: DW
OFFICIAL RECORD
Requested By:
KULYK & NEGRI ATTORNEYS AT
LAW
Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0507 PG- 8991 RPIT: 0.00

Jerel L. Amans
23968 Augusta Drive
Corona, California 92883

APN: *1319-30-724-005 ptw



AFFIDAVIT TERMINATING JOINT TENANCY

A Portion of Assessors Parcel Number: 42-261-05

JEREL L. AMANS being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness to the matters hereinafter stated.

That affiant is JEREL L. AMANS the person named as JEREL L. AMANS one of the grantees in that certain deed recorded September 14, 1992 as Document No: 288097 in Book 992, Page 1948 in the office of the County Recorder of Douglas County, Nevada.

That WILLIAM F. AMANS was one of the grantees named in said deed and was the identical person named as WILLIAM F. AMANS the decedent, in that certain Death Certificate, certified copy of which is attached hereto and by reference made a part hereof.

Jerel L. Amans
Jerel L. Amans

STATE OF CALIFORNIA)
s.s
COUNTY OF RIVERSIDE)


SUBSCRIBED and SWORN to (or Affirmed) before me, _____, a Notary Public, in and for said County and State, this _____ day of April, 2007, by Jerel L. Amans, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

SEE Attached Document
Notary Public

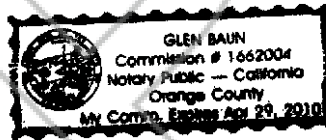
JURAT

State of California
County of Orange } SS.

Subscribed and sworn to (or affirmed) before me on this 14th day of
May 2007, by Jerel L Amans
personally known to me or proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.



Signature of Notary Public



Seal of Notary Public

Optional

Though the information in this section 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 Terminating Joint Tenancy
Document Date: May 14, 2007 # of Pages: 1
Signer(s) Other Than Named Above: None

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/97)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) William			2. MIDDLE Francis			3. LAST (FAMILY) Amans		
4. DATE OF BIRTH M/M/DD/C/YY 06/10/1928		5. AGE YRS. 71		6. SEX M		7. DATE OF DEATH M/M/DD/C/YY 08/16/1999		8. HOUR 1030
9. STATE OF BIRTH CA	10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 12	
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Amans Valve				
17. OCCUPATION Owner			18. KIND OF BUSINESS Industrial Sales			19. YEARS IN OCCUPATION 30		
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 14979 Lodosa Drive								
21. CITY Whittier			22. COUNTY Los Angeles		23. ZIP CODE 90605		24. YRS IN COUNTY 20	25. STATE OR FOREIGN COUNTRY CA
26. NAME, RELATIONSHIP Jerel Amans—Wife			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 14979 Lodosa Drive Whittier, CA 90605					
28. NAME OF SURVIVING SPOUSE—FIRST Jerel			29. MIDDLE L.		30. LAST (MAIDEN NAME) Snyder			
31. NAME OF FATHER—FIRST William			32. MIDDLE Francis		33. LAST Amans		34. BIRTH STATE WY	
35. NAME OF MOTHER—FIRST Nathalie			36. MIDDLE Marie		37. LAST (MAIDEN) Sauret		38. BIRTH STATE CA	
39. DATE M/M/DD/C/YY 08/20/1999		40. PLACE OF FINAL DISPOSITION Memory Garden Memorial Park 455 W. Central Ave. Brea, CA. 92821						
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER <i>Shirley A. Sulser</i>				43. LICENSE NO. 6924		
44. NAME OF FUNERAL DIRECTOR Memory Garden Mortuary			45. LICENSE NO. FD-1349		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark Amans</i>		47. DATE M/M/DD/C/YY 08/19/1999	
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. RES. CARE <input type="checkbox"/> HOSP. <input type="checkbox"/> OTHER		104. COUNTY Los Angeles	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 14979 Lodosa Drive			106. CITY Whittier					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
IMMEDIATE CAUSE (A) Cerebrovascular Accident						1 Day	109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) Pancreatic Cancer						2 Mos.	110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)							111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (D)								
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE GIVEN IN 107 None								
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No								
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 I PRESENT LAST BEEN ALIVE M/M/DD/C/YY 07/14/1999 M/M/DD/C/YY 08/11/1999			115. SIGNATURE AND TITLE OF CERTIFIER <i>Jack H. Freimann, Jr., MD</i>			116. LICENSE NO. CG08179	117. DATE M/M/DD/C/YY 08/18/1999	
			118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Jack Freimann, Jr., MD 15725 E. Whittier Blvd. Whittier, CA. 90603					
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 type="checkbox"/> NO					
121. INJURY DATE M/M/DD/C/YY			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/DD/C/YY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

BK- 0507
PG- 8993
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160017695

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Mark Amans
227
AUG 25 1999
Director of Health Service and Registrar

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