



OFFICIAL RECORDS OF  
PINAL COUNTY RECORDER  
LAURA DEAN-LYTTLE

When recorded return to:  
Custom Title Solutions (FT) 2893018  
2550 N. Redhill Avenue 82404  
Santa Ana, CA 92705  
(800) 756-3524 ext. 5913

Mail Tax information to:

DATE/TIME: 11/24/06 1417  
FEE: \$14.00  
PAGES: 3  
FEE NUMBER: 2006-161813

Mr. & Mrs. Steven L. Anderson  
609 West Mirage  
Casa Grande, AZ 85222

Order No.: 2893018

### Quitclaim Deed

Steven L. Anderson, surviving spouse of Glenda A. Anderson, and on title as Community Property with rights of survivorship,

(herein referred to as Grantor, whether one or more), does hereby quitclaim to:

Steven L. Anderson and Kristin Herring-Anderson, husband and wife as Community Property

(herein referred to as Grantee, whether one or more), all my interest in and to the following real property located in Maricopa County, Arizona, to-wit:

Lot 77, Casa Mirage, according to the Plat of record in the Office of the County Recorder of Pinal County, Arizona, recorded in Cabinet C, Slide 72

Parcel #504-59-077

Certified Copy of Death Certificate attached hereto and made a part hereof

This conveyance is made and accepted subject to the lien for current taxes and other assessments and all valid and subsisting restrictions, reservations, conditions, limitations, encumbrances, covenants, exceptions and easements as may appear of record, in any, affecting the above described property.

The singular number shall include plural the plural the singular, and use of any gender shall be applicable to all genders.

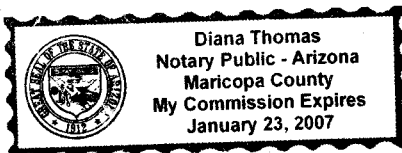
EXEMPTION PER A.R.S. 11-1134 : **B-3**

Date: 11/11/06

*Steven L. Anderson*  
Steven L. Anderson

State of ARIZONA

County of Pinal



This instrument was acknowledged before me on the 11 day of November, 2006 by

Steven L. Anderson

*Diana Thomas*  
Notary Public

My commission expires: 1/23/07

NOTE: The parties are cautioned that by completing and executing this document, legal rights, duties and obligations are created. By signing, the parties acknowledge that they have been advised to seek and obtain independent legal counsel as to all matters contained in the within document prior to signing same and that said

parties have obtained advice or choose to proceed without same.

The attached Quitclaim Deed is accepted and approved by the Grantees, it being their intention to acquire said premises as Community Property with the right of survivorship, and not as Joint Tenants or Tenants in Common

*Steven Anderson*

Steven Anderson

*Kristin Herring-Anderson*

Kristin Herring-Anderson

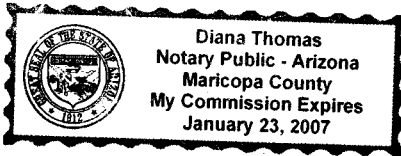
State of Arizona } ss

County of Pinal

Date of Acknowledgement November 11, 2006

Acknowledgement of Steven Anderson and Kristin Herring Anderson

This instrument was acknowledged before me this date by the persons above-subscribed and if subscribed in a representative capacity, then for the principal named and in the capacity indicated.



*Diana Thomas*

Notary Public

My Commission Expires: 4/23/07

CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO. D-102 2006 - 007428

AKA

ORIGINAL STATE COPY

NAME OF DECEASED: GLENDA ANN ANDERSON; SEX: FEMALE; DATE OF DEATH: FEBRUARY 24 2006; RACE: White; DECEASED EVER IN U.S. ARMED FORCES: No

DECEDENT

DATE OF BIRTH: June 2, 1954; AGE: 51; MARRIED: Married; SURVIVING SPOUSE: Steven L. Anderson; USUAL OCCUPATION: Teachers Aide; KIND OF BUSINESS OR INDUSTRY: Elementary

PARENTS

FATHERS NAME: John Baumgarten; MOTHERS MAIDEN NAME: Janet Berry; INFORMANT'S SIGNATURE: Steven L. Anderson; RELATIONSHIP TO DECEASED: Husband

DISPOSITION

BURIAL CREMATION: Burial; DATE: 3-4-2006; CEMETERY OR CREMATORY: Springville City Cemetery Utah; EMBALMERS SIGNATURE: Shelly Cooper; FUNERAL HOME: Cole & Maud Gardens Chapel

CERTIFIER

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED; SIGNATURE AND TITLE: [Signature]; DATE SIGNED: 2-24-06; HOUR OF DEATH: 9:37 AM

CAUSE OF DEATH

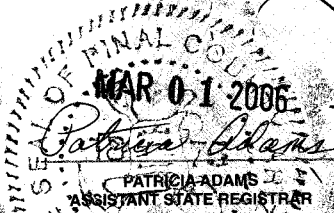
NAME AND ADDRESS OF CERTIFIER: Franklin Baroi MD 1828 E. Florence Blvd. Casa Grande, AZ 85222; DATE REGISTERED: 03-01-06; REG. FILE NO.: 218; REGISTRAR'S SIGNATURE: Kathy Ward, deputy; IMMEDIATE CAUSE: COLON CANCER

MEDICAL EXAMINER

MANNER OF DEATH: SUICIDE; DATE OF INJURY: MO DAY YR HOUR; INJURY AT WORK?; DESCRIBE HOW INJURY OCCURRED

FOR STATE REGISTRAR USE

TRIBAL LAW ENFORCEMENT AUTHORITY; SUPPLEMENTARY ENTRIES



This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Arizona Department of Health Services

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the Issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

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