

AFFIDAVIT ON DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
COUNTY OF ALAMEDA) SS

N. BYRENE BOZICH, being first duly sworn, deposes and says:

THAT DANTE JORDAN BOZICH, the decedent mentioned in the attached Certificate of Death is the same person named as DANTE JORDAN BOZICH and one of the parties in that Joint Tenancy Deed dated August 28, 1961, executed by CRESCENT VALLEY RANCH & FARMS, a Nevada Corporation, as Grantor, to DANTE JORDAN BOZICH and N. BYRENE BOZICH, husband and wife, as joint tenants, recorded September 27, 1961, in Book 26 of Deeds at Page 112 in the Official Records of Eureka County, Nevada, affecting the following described real property located in the County of Eureka, State of Nevada, and more particularly described as follows:

Lot 4, Block 35 of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 1, as per map recorded in said county as File No. 34081.

That the said DANTE JORDAN BOZICH died July 16, 1964, and as a result of his death, the aforesaid property vested in your affiant, N. BYRENE BOZICH, surviving wife.

Dated: November 23, 1964.

x N. Byrene Bozich

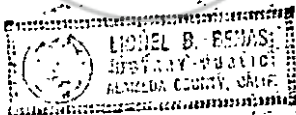
N. Byrene Bozich

Subscribed and sworn to before me this

23 day of November, 1964.

Lionel B. Benas

Lionel B. Benas
Notary Public in and for the County of Alameda

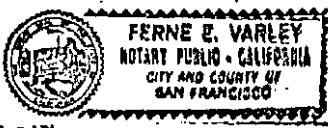


STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				LOCAL REGISTRATION DISTRICT AND	
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				5015 4412	
1. NAME OF DECEASED—FIRST NAME		2. WHOLE NAME		3. LAST NAME	
Dante		Jordan		Bozich	
4. DATE OF DEATH—MONTH DAY YEAR		5. MONTH DAY YEAR		6. HOUR	
July 16, 1964		July 16, 1964		6:55 A.	
7. SEX	8. COLOR OR RACE	9. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		10. DATE OF BIRTH	
Male	White	Portole, Austria		May 25, 1910	
11. NAME AND BIRTHPLACE OF FATHER		12. MAIDEN NAME AND BIRTHPLACE OF MOTHER		13. AGE (LAST BIRTHDAY)	
Anthony Bozich (Bozic)		Nina Evancich, Austria		54 YEARS	
14. LAST OCCUPATION		15. NAME OF LAST EMPLOYING COMPANY OR FIRM		16. KIND OF INDUSTRY OR BUSINESS	
Machinist		85 Yrs Pacific Gas & Electric		Public Utility	
17. PRESENT OR LAST EMPLOYER'S BUSINESS		18. NAME OF PRESENT SPOUSE		19. PRESENT OR LAST OCCUPATION OF SPOUSE	
W.W. II&Korea		Married		Byrene B. Bozich Telephone Operator	
20. PLACE OF DEATH—NAME OF HOSPITAL		21. STREET ADDRESS—1645 STREET OR RURAL ADDRESS OR LOCATION (DO NOT USE P. O. BOX NUMBER)		22. CITY	
Kaiser Foundation Hospital		280 West MacArthur Blvd.		Oakland	
23. CITY OR TOWN		24. COUNTY		25. LENGTH OF STAY IN COUNTY OF DEATH	
Oakland		Alameda		38 YEARS	
26. LAST USUAL RESIDENCE—STREET ADDRESS—1645 STREET OR RURAL ADDRESS OR LOCATION (DO NOT USE P. O. BOX NUMBER)		27. CITY OR TOWN		28. STATE	
790 Thousand Oaks Blvd.		Berkeley		California	
29. CITY OR TOWN		30. COUNTY		31. NAME OF INFORMANT (IF OTHER THAN SPOUSE)	
Berkeley		Alameda		same	
32. PHYSICIAN (CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED BELOW AND THAT I ATTENDED THE DECEASED FROM THE HOUR DATE AND PLACE STATED BELOW AND THAT I HAVE MADE THE NECESSARY RECORDS)		33. PHYSICIAN OR SURVEILOR (SIGNATURE)		34. NAME OF INFORMANT (IF OTHER THAN SPOUSE)	
7/16/64		James C. Malachuk, M.D.		same	
35. CORONER (CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED BELOW AND THAT I HAVE MADE THE NECESSARY RECORDS)		36. ADDRESS R. GOLDBERG, M. D.		37. DATE SIGNED	
		280 West MacArthur Blvd.		7/16/64	
38. NAME OF FUNERAL DIRECTOR		39. DATE		40. NAME OF CEMETERY OR CREMATORY	
McNary Chapel, Berkeley		July 20, 1964		Golden Gate Nat. Cem.	
41. NAME OF FUNERAL DIRECTOR		42. DATE		43. LOCAL REGISTRAR—SIGNATURE	
McNary Chapel, Berkeley		JUL 17 1964		James C. Malachuk, M.D.	
44. CAUSE OF DEATH		45. ENTER ONLY ONE CAUSE PER LINE (SEE INSTRUCTIONS)		46. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A)		CEREBROVASCULAR HEMORRHAGE			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEMPORAL DREAM CONDITION GIVEN IN PART I (A)					
47. OPERATION—CHECK ONE		48. DATE OF OPERATION		49. AUTOPSY—CHECK ONE	
<input checked="" type="checkbox"/> OPERATION PERFORMED				<input checked="" type="checkbox"/> AUTOPSY PERFORMED	
50. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		51. DESCRIBE HOW INJURY OCCURRED		52. CITY, TOWN OR LOCATION	
53. TIME OF INJURY		54. PLACE OF INJURY		55. CITY, TOWN OR LOCATION	

STATE OF CALIFORNIA)
) SS.
 CITY AND COUNTY OF SAN FRANCISCO)

I, Ferno E. Varley, a Notary Public, do hereby certify that I have carefully compared the within Certificate of Death and found it to be a full, accurate, true and correct copy of a certified copy.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 31st day of July, 1964.



Ferno E. Varley
 Ferno E. Varley
 Notary Public in and for the
 State of California
 City and County of San Francisco
 My Commission expires January 2, 1968

FILE NO. 40497
 Filed for record at the request of Lionel B. Benas
 Nov. 30, 1964, at 39 minutes past 11 A.M. Recorded in
 Book 6 of Official Records, page 288-289, Records of EUREKA
 COUNTY, NEVADA.
 Fee: \$ 4.25
Shilo G. DePaul
 Recorder.