

AND WHEN RECORDED MAIL TO

Name Charles G. Hedgcock
Street Address 2569 Clarendon Avenue,
City & State Huntington Park, Calif.
90255

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit—Death of Joint Tenant

10 426 C

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF CALIFORNIA.

COUNTY OF LOS ANGELES } ss.

HARRY WISLOSKI

That MABEL WISLOSKI

, of legal age, being first duly sworn, deposes and says:
Certificate of Death, is the same person as MABEL F. WISLOSKI
named as one of the parties in that certain joint tenancy deed dated September 14, 1964
executed by CRESCENT VALLEY RANCH & FARMS, a Nevada corporation,
to HARRY WISLOSKI and MABEL F. WISLOSKI, husband and wife
as joint tenants, recorded as Instrument No. 40351, on October 7, 1964, in
book 6, page 075, of Official Records of Eureka County, Nevada,
~~RECORD BOOK~~ covering the following described property situated in the
County of Eureka State of ~~California~~ Nevada:

The Southeast quarter of the Northeast quarter of
Section 5, Township 31 North, Range 48 East,
as per Government Survey.

RESERVING THEREFROM an easement of 30 feet along
all boundaries for ingress and egress, with
power to dedicate.

That the value of all real and personal property owned by said decedent at date of death, including the full value of
the property above described, did not then exceed the sum of \$ 2,459.19

Dated January 19, 1966

Harry Wisloski
STAR ROUTE LAKE ISABELLA
CALIF.

SUBSCRIBED AND SWORN TO before me
this 19 day of January, 1966

(Seal) Signature Charles G. Hedgcock
Charles G. Hedgcock
Name (Typed or Printed)



Title Order No. _____
Escrow or Loan No. _____

Notary Public in and for said County and State

LOS ANGELES COUNTY
HEALTH DEPARTMENT

This is to certify that
this is a true copy
of the document
filed in this office.

K. H. Sutherland M.B.

County Health Officer
and Local Registrar of
Vital Statistics

Date: *Nov 17 1964*

Certification:

Fee paid \$2.00

Free

STATE FILE NUMBER		CERTIFICATE OF DEATH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
STATE OF CALIFORNIA		DEPARTMENT OF PUBLIC HEALTH		7153 22768	
1A NAME OF DECEASED - FIRST NAME Mabel		1B MIDDLE NAME WISLOSKI		1C DATE OF DEATH November 13, 1964	
1D SEX F		1E COLOR OR RACE auc.		1F BIRTHPLACE Minnesota	
1G NAME AND BIRTHPLACE OF FATHER Adolph Swanson, Minn.		1H MOTHER'S NAME AND BIRTHPLACE Wilde H. [redacted] [redacted]		1I DATE OF BIRTH 9:00A	
12 LAST OCCUPATION Operator		13 NUMBER OF YEARS 15		14 NAME OF LAST EMPLOYER [redacted]	
16 IF DECEASED WAS EXEMPT FROM MILITARY SERVICE None		17 MARRIAGE STATUS Married		18 SOCIAL SECURITY NUMBER [redacted]	
19A PLACE OF DEATH - NAME OF HOSPITAL Los Angeles County General Hospital		19B STREET ADDRESS 1200 North State Street		19C CITY OR TOWN Los Angeles	
20A LAST USUAL RESIDENCE - STREET ADDRESS 2106 Clarendon Av. e		20B CITY OR TOWN Huntington Park		20C COUNTY Los Angeles	
22A PHYSICIAN [redacted]		22B CORONER [redacted]		22C ADDRESS 1200 North State Street	
23 BURIAL Burial		24 DATE OF BURIAL Nov. 13, 64		25 NAME OF FUNERAL HOME [redacted]	
27 NAME OF FUNERAL DIRECTOR Utter McKinley Hunt, Pk.		28 LOCAL REGISTRAR [redacted]		29 SIGNATURE [redacted]	
30 CAUSE OF DEATH PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE Carcinoma		31 OPERATION - CHECK ONE <input checked="" type="checkbox"/> OPERATION PERFORMED <input type="checkbox"/> OPERATION NOT PERFORMED		32 DIFF. OF OPERATION [redacted]	
34A SPECIFY ACCIDENT SUICIDE OR HOMICIDE		34B DESCRIBE HOW INJURY OCCURRED		35A TIME OF INJURY	
35B INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK		35C PLACE OF INJURY [redacted]		35D CITY, TOWN, OR LOCATION [redacted]	

FILE NO. 41663

Filed for record at the request of Charles G. Hedgcock

Jan 24, 1966, at 10 minutes past 8 A. M. Recorded in

Book 9 of Official Records, page 531-533, Records of EUREKA

COUNTY, NEVADA.

Fee: \$ 3.00

Melvin A. DeFoor, Recorder.

DeWitt Coffey

COPY