

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name Irene Tedder,  
Street Address  
City & State P.O. Box 477,  
Yucca Valley, Calif. 92284

File No. 44472

RECORDED AT THE REQUEST OF Irene Tedder

April 13 A. D. 1967

at 48 minutes past 10 A. M.

in Book 18 of OFFICIAL RECORDS

Page 453-454 Records of

EUREKA COUNTY, NEVADA

Recorder *[Signature]*

Fee \$2.15

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

**AFFIDAVIT—DEATH OF JOINT TENANT**

STATE OF ~~CALIFORNIA~~ Nevada

County of Eureka

Irene Tedder

ss.

of legal age, being duly sworn, deposes and says:

That William L. Tedder the decedent mentioned in the attached certified

copy of Certificate of Death, is the same person as William L. Tedder

named as one of the parties in that certain Grant Deeds dated May 3, 1965

executed by William L. Tedder and Irene Tedder

to Irene Tedder

as joint tenants, recorded as Instrument No. 40824 and 40825, on May 12, 1965, in

Book 7 Page 203, of Official Records of Eureka County

County, ~~California~~ covering the following described property situated in the ~~NEVADA~~ Eureka

Nevada County of Eureka, State of ~~CALIFORNIA~~ Nevada.

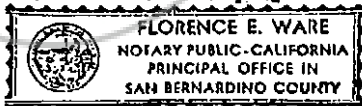
Lot 11 of Block 16 of Crescent Valley Ranch and Farms Unit II, as per map recorded in said County as File No. 34081.

Lot 8 of Block 10 of Crescent Valley Ranch and Farms Unit # 3, as per map recorded in said County as File No. 34551.

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 \$ 100,000

Dated April 7 1967 Irene Tedder

SUBSCRIBED AND SWORN to before me this 8th day of April - 1967  
My Commission Expires Nov. 13, 1968



Florence E. Ware  
FLORENCE E. WARE  
Notary Public in and for said State.

Title Order No. \_\_\_\_\_ Escrow or Loan No. \_\_\_\_\_

STATE FED NUMBER		CERTIFICATE OF DEATH STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
DECEDENT PERSONAL DATA	1A. NAME OF DECEASED—FIRST NAME	1B. MIDDLE NAME	1C. LAST NAME		2A. DATE OF DEATH—MONTH DAY YEAR		2B. HOUR	
	3. SEX	4. COLOR OR RACE	5. BIRTHPLACE	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	8. YEARS	9. MONTHS	
	8. NAME AND BIRTHPLACE OF FATHER			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER		10. CITIZEN OF WHAT COUNTRY		11. SOCIAL SECURITY NUMBER
	12. LAST OCCUPATION		13. YEARS OF SERVICE	14. NAME OF LAST EMPLOYING COMPANY OR FIRM		15. KIND OF INDUSTRY OR BUSINESS		
	16. IF DECEASED WAS EVER IN U. S. ARMY OR NAVY		17. SPECIFIC SERVICE NUMBER	18A. NAME OF PRESENT SPOUSE		18B. PRESENT OR LAST OCCUPATION OF SPOUSE		
PLACE OF DEATH	19A. PLACE OF DEATH—NAME OF HOSPITAL			19B. STREET ADDRESS			19C. CITY OR TOWN	
	19C. CITY OR TOWN			19D. COUNTY	19E. LENGTH OF STAY IN COUNTY OF DEATH	19F. LENGTH OF STAY IN CALIFORNIA	19G. YEARS	
LAST USUAL RESIDENCE	20A. LAST USUAL RESIDENCE—STREET ADDRESS			20B. IF INSIDE CITY CORPORATE LIMITS		20C. NAME OF INFORMANT (IF OTHER THAN SPOUSE)		
	20C. CITY OR TOWN			20D. COUNTY	20E. STATE	20F. ADDRESS OF INFORMANT		
PHYSICIAN'S OR CORONER'S CERTIFICATION	22A. PHYSICIAN OR CORONER'S STATEMENT THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE			22B. PHYSICIAN OR CORONER—SIGNATURE		22C. DATE SIGNED		
	22A. PHYSICIAN OR CORONER'S STATEMENT THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE			22B. ADDRESS		22C. DATE SIGNED		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. MANNER OF BURIAL		24. DATE	25. NAME OF CEMETERY OR CREMATORY		26. EMBALMER—SIGNATURE (IF NOT EMBALMED) LICENSE NUMBER		
	27. NAME OF FUNERAL DIRECTOR		28. DATE ACCEPTED FOR REGISTRATION		29. LOCAL REGISTRAR—SIGNATURE			
MEDICAL AND HEALTH DATA	30. CAUSE OF DEATH							
	PART I. DEATH WAS CAUSED BY: <b>Bronchopneumonia and Cachexia</b> Months							
	CONDITIONS IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE: <b>Cerebral Arteriosclerosis with Multiple Thromboses</b> Years							
OPERATION AND AUTOPSY	31. OPERATION—CHECK ONE:			32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE:		
	34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE			34B. DESCRIBE HOW INJURY OCCURRED		35. CITY, TOWN, OR LOCATION		
INJURY INFORMATION	35A. TIME OF INJURY		35B. PLACE OF INJURY		35C. CITY, TOWN, OR LOCATION		35D. STATE	

LOS ANGELES COUNTY HEALTH DEPARTMENT  
This is to certify that this is a true copy of the  
original certificate on file in this office.

FEB 8 1967

J. A. Hildebrand, M.D., M.P.H.  
Health Officer and Registrar

*J. A. Hildebrand M.D.*