

I. C. 6041

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF CALIFORNIA)
) ss
County of)

RAYMOND G. WEBER, being first duly sworn, deposes and says:

That affiant was the husband of VILLA J. WEBER, and one of the buyers in that certain Agreement for Sale of Real Estate dated May 9, 1960, wherein CRESCENT VALLEY RANCH and Farms, a Nevada corporation, is Seller, and RAYMOND G. WEBER and VILLA J. WEBER, as joint tenants with right of survivorship, are Buyers, conveying those certain pieces or parcels of land situate in the County of Eureka, State of Nevada, that are described as follows:

Lot 1 in Block 23, as shown on the map of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 1, filed in the office of the County Recorder of Eureka County, Nevada, on April 6, 1959.

TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B.6M.

Section 29; N 1/2 of NW 1/4 of NW 1/4

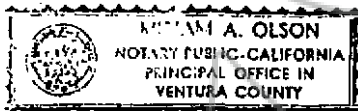
That the said VILLA J. WEBER, one of the buyers in said Agreement, died on May 22 - 1966, and is the identical person named as Villa Josephine Weber in that certified copy of Certificate of Death marked "Exhibit A" and attached hereto; that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

DATED this 19 day of May, 1967.

Raymond G. Weber
Raymond G. Weber

SUBSCRIBED AND SWORN TO before me
this 19th day of May, 1967.

Miriam A. Olson
Notary Public in and for the
County of Ventura State of California



Commission Expires February 15, 1971

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME VILLA	1b. MIDDLE NAME JOSEPHINE	1c. LAST NAME WEBER	2a. DATE OF DEATH November 22, 1966	2b. HOUR 7:55 P.
	3. SEX Female	4. COLOR OR RACE White	5. BIRTHPLACE (STATE OR TERRITORY) Colorado	6. DATE OF BIRTH September 16, 1912	7. AGE (LAST BIRTHDAY) 54 YEARS
	8. NAME AND BIRTHPLACE OF FATHER Robert Fry - Colorado	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Marie Scott - Nebraska	10. CITIZEN OF WHAT COUNTRY U.S.A.	11. SPECIAL NATURALIZATION NUMBER	
	12. LAST OCCUPATION Homemaker	13. NUMBER OF YEARS OF PRESENT OCCUPATION Adult	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF ANY) Own Home	15. KIND OF INDUSTRY OR BUSINESS Own Home	
PLACE OF DEATH	16. PLACE OF DEATH—NAME OF HOSPITAL Thousand Oaks Convalescent Hospital		18a. STREET ADDRESS—(HOUSE NUMBER OR RAILROAD OR RURAL BOXED OR LOCATION DO NOT USE P.O. BOX ADDRESS) 93 W. Avenida De Los Arboles		18b. CITY OR TOWN Ventura
	17. DECEASED WAS EVER IN U.S. ARMED FORCES (GIVE YEAR OR DATES OF SERVICE) No		18c. COUNTY Ventura		18d. LENGTH OF STAY IN COUNTY OF DEATH 24 YEARS
	17. DECEASED WAS EVER IN U.S. ARMED FORCES (GIVE YEAR OR DATES OF SERVICE) Married		18e. LENGTH OF STAY IN CALIFORNIA 23 YEARS		18f. LENGTH OF STAY IN CALIFORNIA 23 YEARS
LAST USUAL RESIDENCE (GIVING HIS DECEASED LIVE-IN OR INSTITUTION OTHER RESIDENCE BEFORE DEATH)	20a. LAST USUAL RESIDENCE—STREET ADDRESS (R.F.D. STREET OR RAILROAD BOXED OR LOCATION DO NOT USE P.O. BOX ADDRESS) 1821 Country Club Rd.		20b. CITY OR TOWN Thousand Oaks		20c. COUNTY Ventura
	20d. CITY OR TOWN Thousand Oaks		20e. COUNTY Ventura		20f. STATE California
PHYSICIAN'S OR CORONER'S CERTIFICATION	22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE ABOVE DATE AND PLACE STATED BY THE CAUSE STATED BELOW AND THAT I ATTENDED THE DECEASED PERSON.		22b. PHYSICIAN OR CORONER—(SIGNATURE) <i>[Signature]</i>		22c. PHYSICIAN OR CORONER—(NAME) (Spouse)
	22d. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE ABOVE DATE AND PLACE STATED BY THE CAUSE STATED BELOW AND THAT I MADE THIS STATEMENT.		22e. ADDRESS 2955 N. Moorpark Rd., Thousand Oaks, California		22f. DATE 11/25/66
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. MANNER OF BURIAL Burial	24. DATE 11/26/66	25. NAME OF CEMETERY OR CREMATORY Santa Clara Cemetery, Oxnard, California		26. FUNERAL HOME—(NAME) [Signature]
	27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Griffin Bros. Funeral Chapel, Thousand Oaks, Calif.		28. TIME BY LOCAL REGISTRAR 11/26/66		29. SIGNATURE OF REGISTRAR <i>[Signature]</i>
CAUSE OF DEATH	30. CAUSE OF DEATH (GIVE ONLY ONE CAUSE PER LINE FOR 1a), 1b), AND 1c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Liver failure 1a) Decompensated portal cirrhosis 1b) Dehydration 1c) Malnutrition DUE TO (b) 3 days DUE TO (c) 3 yrs.				
OPERATION AND AUTOPSY	31. OPERATION—CHECK ONE: <input type="checkbox"/> OPERATION <input type="checkbox"/> AUTOPSY		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE: <input type="checkbox"/> AUTOPSY <input type="checkbox"/> NO AUTOPSY
	34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34a. DESCRIBE HOW INJURY OCCURRED		34b. DESCRIBE HOW INJURY OCCURRED
INJURY INFORMATION	35a. TIME OF INJURY HOUR MONTH DAY YEAR		35b. PLACE OF INJURY		35c. CITY, TOWN, OR LOCATION
	35d. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		35e. PLACE OF INJURY		35f. CITY, TOWN, OR LOCATION

File No. 14666
RECORDED AT THE REQUEST OF
Nevada Title Guaranty Co.
June 12 A. D. 1967
at 04 minutes past 8 A. M.
in Book 19 of OFFICIAL RECORDS
Page 148-150 Record of
EUREKA COUNTY, NEVADA
Phillip C. DePaoli
Recorder
Fee \$ 2.45

STATE OF CALIFORNIA
COUNTY OF VENTURA
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

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

FRANK E. GALLISON, M. D., Local Registrar,
County of Ventura, Ventura, California.

BY: Aline VanCassell
Deputy

DATE: NOV 29 1966