

**Harriet F. Kirby,
P.O. Box 913,
Yucca Valley, Calif.
AND WHEN RECORDED MAIL TO**

NAME **Harriet F. Kirby,**
ADDRESS **P.O. Box 913,**
CITY & STATE **Yucca Valley, Calif.**

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

Misc-119

STATE OF ~~KKKKKKK~~ Nevada

} ss.

County of **Eureka**

Harriet Frances Kirby

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

That **Leland Ripley Kirby**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Leland Ripley Kirby** named as one of the parties in that certain **Grant Deed** dated **March 9, 1964** executed by **Leland Ripley Kirby and Harriet Frances Kirby** to **Harriet Frances Kirby** as joint tenants, recorded as Instrument No. **39671**, on **March 9, 1964**, in book **9**, page **414**, of Official Records of **Eureka County** ~~KKKKKKKKKK~~ covering the following described property situated in the County of **Eureka**, State of ~~KKKKKK~~ Nevada

**Lot 20 of Block 2 of Crescent Valley Ranch & Pares Unit No. 1,
as per map recorded in said County as File No. 84081.**

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 \$ **10,000.00**

Harriet Frances Kirby
Harriet Frances Kirby.

Dated June 30, 1967

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 30th day of June, 1967

(Seal)

Betty Hall Binney
My Commission Expires Jan. 6, 1968

BETTY HALL BINNEY

Name (Typed or Printed)

Notary Public in and for said County and State

BETTY HALL BINNEY

My Commission Expires Jan. 6, 1968

FOR NOTARY SEAL OR STAMP



CERTIFICATE OF DEATH
 STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

1. NAME OF DECEASED—FIRST NAME: **LELAND** 19. MIDDLE NAME: **RIPLEY** 20. LAST NAME: **KIRBY** 21. DATE OF DEATH: **Sept. 6, 1965** 22. HOUR: **6:45 A.**

3. SEX: **Male** 4. COLOR OR RACE: **White** 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): **Massachusetts** 6. DATE OF BIRTH: **Jan. 29, 1899** 7. AGE (LAST BIRTHDAY): **66** YEARS

8. NAME AND BIRTHPLACE OF FATHER: **Leroy Kirby, Vermont** 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: **Sadie Fisher, New Hampshire** 10. CITIZEN OF WHAT COUNTRY: **U.S.A.** 11. SOCIAL SECURITY NUMBER: **5**

12. LAST OCCUPATION: **Credit Manager** 13. NUMBER OF YEARS IN THIS OCCUPATION: **20** 14. NAME OF LAST EMPLOYING COMPANY OR FIRM: **Jones Hardware** 15. KIND OF INDUSTRY OR BUSINESS: **Industrial Hardware**

16. IF DECEASED WAS EVER OR IS FORMERLY MARRIED, GIVE NAME AND DATE OF SERVICE: **WW 1 & WW 2** 17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Married** 18a. NAME OF PRESENT SPOUSE: **Harriet E. Kirby** 18b. PRESENT OR LAST OCCUPATION OF SPOUSE: **Home Maker**

19a. PLACE OF DEATH—NAME OF HOSPITAL: **At Home** 19b. STREET ADDRESS—1800 STREET OR RURAL ADDRESS OR LOCATION (DO NOT USE P.O. BOX NUMBERS): **Hillcrest Dr. & Cabrillo** 19c. CITY OR TOWN: **Yucca Valley** 19d. COUNTY: **San Bernardino** 19e. LENGTH OF STAY IN COUNTY OF DEATH: **1** YEARS 19f. LENGTH OF STAY IN CALIFORNIA: **50** YEARS

20a. LAST USUAL RESIDENCE—STREET ADDRESS (AND STREET NUMBER) OR RURAL ADDRESS OR LOCATION (DO NOT USE P.O. BOX NUMBERS): **Hillcrest Dr. & Cabrillo** 20b. IF INSIDE CITY CORPORATE LIMITS CHECK ONE: IN CITY NOT IN CITY 20c. CITY OR TOWN: **Yucca Valley** 20d. COUNTY: **San Bernardino** 20e. STATE: **California** 21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE): **Same** 21b. ADDRESS OF INFORMANT: **Same**

22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM [] TO [] AND THAT I LAST SAW THE DECEASED ALIVE ON [] 22b. PHYSICIAN OR CORONER: **Dr. P. D. Dottle, Ry. E. B. Rupp** 22c. ADDRESS: **San Bernardino** 22d. DATE SIGNED: **9-8-65**

22a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN **Autopsy** ON THE REMAINS OF DECEASED AS REQUIRED BY LAW

23. SPECIFY MANNER OF CREMATION: **Burial** 24. DATE: **9-13-1965** 25. NAME OF CEMETERY OR CREMATORY: **29 Palms Cemetery** 26. UNBALMED: YES (IF BODY UNBALMED) LICENSE NUMBER: **4105**

27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): **Miefels & Son, 29 Palms** 28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: **9-13-1965** 29. LOCAL REGISTRAR—SIGNATURE: **M.E. Cosand M.D. By: [Signature]** DEP.

30. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR I&I, I&I, AND I&I)

PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (I&I): **Acute Circulatory Failure** (Min. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH)

CONDITIONS (IF ANY) IN WHICH ABOVE CAUSE (I&I) STATED IN UNDERLYING CAUSE LIST: DUE TO (I&I): **Atheromatous Plaque** (Min.)

DUE TO (I&I): **Atherosclerosis** (Over a Year)

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (I&I)

31. OPERATION—CHECK ONE: OPERATION PERFORMED—FOLLOWING USE IN DETERMINING CAUSE OF DEATH OPERATION PERFORMED—FOLLOWING USE IN DETERMINING CAUSE OF DEATH OPERATION PERFORMED—FOLLOWING USE IN DETERMINING CAUSE OF DEATH OPERATION PERFORMED—FOLLOWING USE IN DETERMINING CAUSE OF DEATH

32. DATE OF OPERATION: 33. AUTOPSY—CHECK ONE: AUTOPSY PERFORMED—FOLLOWING USE IN DETERMINING CAUSE OF DEATH AUTOPSY PERFORMED—FOLLOWING USE IN DETERMINING CAUSE OF DEATH

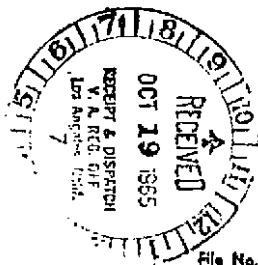
34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE: 34b. DESCRIBE HOW INJURY OCCURRED (STATE NATURE OF INJURY WHEN OCCURRED AT PLACE OF DEATH OR WHEN OCCURRED IN PLACE OTHER THAN PLACE OF DEATH)

35a. TIME OF INJURY: HOUR: MONTH: DAY: YEAR: 35b. INJURY OCCURRED: WHILE AT WORK WHILE AT HOME

35c. PLACE OF INJURY: 35d. CITY, TOWN, OR LOCATION: 35e. COUNTY:

MEDICAL AND HEALTH DATA

4-7-14



44893

File No. _____
RECORDED AT THE REQUEST OF
Mrs. Harriet E. Kirby
July 17 A. O. 19 67
at 04 minutes past 8 A. M.
in Book 19 of OFFICIAL RECORDS
Page 483-485 Records of
EUREKA COUNTY, NEVADA
Willard H. Taylor
Recorder
Fee \$ 4.00

I hereby certify that this is a true and
correct copy of death
certificate on file in this office.
M. E. COFFMAN, Jr., Local Registrar
SAN BERNARDINO COUNTY
M. E. Coffman, Jr.
Assistant Registrar