

50059
Affidavit—Death of Joint Tenant

STATE OF CALIFORNIA

County of Los Angeles

Helen Lesch Chaplin of legal age, being first duly sworn, deposes and says:
That Charles La Verne Chaplin the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles LaVerne Chaplin named as one of the parties in that certain CONVEYANCE Grant, REDEVELOPMENT Sale, issued dated JUNE 20, 1960 executed by CRESCENT VALLEY RANCH & FARMS, a corporation to CHARLES LAVERNE CHAPLIN AND HELEN LESCH CHAPLIN as joint tenants, recorded as Instrument No. 34785 on JULY 9, 1960 in Book 28 page 531 of REDEVELOPMENT TRACT, Nevada County, Nevada, covering the following described property situated in the County of Nevada State of Nevada:

Lot 1, of Block 17 of CRESCENT VALLEY RANCH & FARMS,
UNIT NO. 4 as per map recorded in said County as
File No. 34552

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 \$ _____

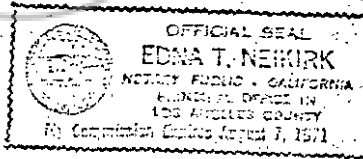
Dated January 16, 1970

Helen Lesch Chaplin
Helen Lesch Chaplin

SUBSCRIBED AND SWORN TO before me

this 16th day of JANUARY, 1970

Signature Edna T. Naskank
Name (Typed or Printed)



(This area for official notarial seal)

Title Order No.

Escrow or Lien No.

RECORDING REQUESTED BY
Reuel L. Olson, Atty.

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO

Reuel L. Olson, Atty.
3848 E. Colorado Blvd.
Pasadena, Calif. 91107

CERTIFICATE OF DEATH

7.097-043705

1. NAME OF DECEASED—FIRST NAME		2. MIDDLE NAME		3. LAST NAME		24. DATE OF DEATH—MONTH, DAY, YEAR		25. HOUR	
Charles		La Verne		Chaplin		Oct. 19, 1969		1:35A.	
3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR TERRITORY OR COUNTRY)		6. DATE OF BIRTH		7. AGE (LAST BIRTHDAY)		8. IF UNDER 1 YEAR OF AGE	
male	cauc.	Kansas		Jan. 5, 1895		74 YEARS			
9. NAME AND BIRTHPLACE OF FATHER					10. MOTHER NAME AND BIRTHPLACE OF MOTHER				
Charles A. Chaplin-Kansas					Ella Claybough-Ill.				
11. CITIZEN OF WHAT COUNTRY			12. SOCIAL SECURITY NUMBER		13. MARRIAGE STATUS		14. NAME OF SURVIVING SPOUSE OR WIFE, EITHER maiden name		
U.S.A.			A		Married		Helen L. Lash		
15. LAST OCCUPATION			16. YEAR OF DEPARTURE		17. NAME OF LAST EMPLOYER, COMPANY OR FIRM		18. KIND OF INDUSTRY OR BUSINESS		
Stock Clerk			6		U.S. F. G. Ins.		Supplies		
19. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY					20. STREET ADDRESS—STREET AND NUMBER OR LOCATION			21. IS THIS CITY CORPORATE LIMITS (SPECIFY YEAR)?	
California Lutheran Hospital					1414 So. Hopsa St.			Yes	
22. CITY OR TOWN			23. COUNTY		24. YEAR OF DEATH IN MONTH OF DEATH		25. YEAR OF DEATH IN MONTH OF DEATH		
Los Angeles			Los Angeles		16		16		
26. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)					27. INSIDE CITY CORPORATE LIMITS (SPECIFY YEAR)?		28. NAME AND MAILING ADDRESS OF INFORMANT		
6055 W. 75th St.					Yes		Helen L. Chaplin 6055 W. 75th St. Los Angeles, Calif. 45		
29. CITY OR TOWN			30. COUNTY		31. STATE		32. NAME AND MAILING ADDRESS OF INFORMANT		
Los Angeles			Los Angeles		Calif.		Helen L. Chaplin 6055 W. 75th St. Los Angeles, Calif. 45		
33. CORONER		34. PHYSICIAN		35. PHYSICIAN OR CORONER		36. DATE SIGNED		37. SIGNATURE OF CORONER	
W. C. L. ...		W. C. L. ...		W. C. L. ...		10/22/69		W. C. L. ...	
38. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		39. DATE		40. NAME OF CEMETERY OR CREMATION		41. EMBALMER		42. SIGNATURE OF EMBALMER	
Utter McKelley Ing.		10/22/69		Forest Lawn Holly		W. C. L. ...		W. C. L. ...	
43. PART I: DEATH WAS CAUSED BY		44. PART II: OTHER SIGNIFICANT CONDITIONS		45. SPECIFY ACCIDENT, VEHICLE OR VEH. CODE		46. PLACE OF INJURY		47. INJURY AT WORK	
9 CAUSE OF DEATH		hypostatic pneumonia		no		no		no	
48. CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A)		49. DUE TO OR AS A CONSEQUENCE OF		50. SPECIFY PLACE OF INJURY TO LOCAL RESIDENCE, IF IN SD		51. DATE OF INJURY		52. HOUR	
(B) CRP		48 hrs		no		no		no	
(C) arterio-sclerotic disease		10 yrs		no		no		no	
53. STATE REGISTRAR		54. SIGNATURE		55. DATE		56. HOUR		57. SIGNATURE	
671F		Barbara ...		OCT 30 1969		2:00		2762	

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE LOS ANGELES COUNTY HEALTH DEPARTMENT IF IT BEARS THE SEAL IMPRINTED IN PURPLE INK.

OCT 30 1969 FEE \$2.00

Barbara ... M.D.

G.A. H-1001-20-1, 33 D, M.P. II, Health Officer and Registrar

RECORDED AT THE REQUEST OF
Reuel L. Olson
on January 20, 1970
at 45 mins. past 3 P. M.
in Book 34 of OFFICIAL
RECORDS, page 212-213 RECORDS
OF BUREKA COUNTY, NEVADA
Recorder
File No. 52059 Fee \$ 4.00