

RECORDING REQUESTED BY

Mrs. Thelma Joseph

AND WHEN RECORDED MAIL TO

Mrs. Thelma Joseph  
2022 North Keele Avenue  
Los Angeles, 59 Calif.

52721  
RECORDED AT THE REQUEST OF Thelma Joseph  
on June 15 1970 at 45 10 A.M.  
Book 35 of CITATION page 489-490 RECORDS OF  
EUREKA COUNTY, NEVADA  
File No. 52721 William G. Gillis Recorder  
Fee \$ 4.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## Affidavit—Death of Joint Tenant

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF CALIFORNIA

County of Los Angeles

That JAMES JOSEPH of legal age, being first duly sworn, deposes and says:  
Certificate of Death, is the same person as JAMES LUCAS JOSEPH, the decedent mentioned in the attached certified copy of  
named as one of the parties in that certain Deed executed by REVATA TITLE SALES COMPANY, a Nevada Corporation  
to JAMES LUCAS JOSEPH and Thelma Joseph, husband and wife  
as joint tenants, recorded as instrument No. 1-6-61 on May 17, 1967 in  
book 18 page 578 of Official Records of Eureka County, Nevada  
covering the following described property situated in the Eureka  
County of Nevada State.

Lots 1 and 2 in Block 5, as shown on the map of CREST VALLEY  
BARN & FARMS, UNIT NO. 1, filed in the office of the County  
Recorder of Eureka County, Nevada, on November 5, 1959.

EXCEPTING, say and all oil rights, including the right of entry  
for exploration and production of oil or other hydro-  
carbons.

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 \$ 800.00

Thelma Joseph  
Thelma Joseph

Dated June 10, 1970 SEAL

SUBSCRIBED AND SWORN TO before me

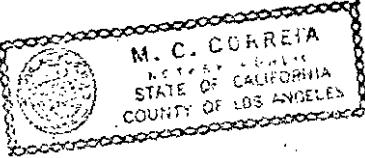
on this 10th day of June 1970

Signature Thelma Joseph

Notary Public

State of California

Name (Signed or Printed)



This form is for general notarial work.

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

NAME OF DECEASED—LAST NAME, FIRST NAME				LAST NAME	DATE OF DEATH—MONTH DAY YEAR		
James				Joseph	Feb. 15, 1970		
DECEASED PERSONAL DATA		4. COLOR OR RACE	5. BIRTHPLACE OR PLACE OF RESIDENCE	6. DATE OF DEATH	7. AGE	TIME OF DEATH	
		White	California	Aug. 18, 1913	56 yrs.	0130 hrs.	
		7. NAME AND BIRTHPLACE OF MOTHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER				
		Adeline L. Joseph—Los Angeles	Virginia Dandola—Lo.				
		10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARITAL STATUS MARRIED, WIDOWED, DIVORCED, SEPARATED			13. NAME OF SURVIVING SPOUSE IF WIFE LIVED MARRIED
		U.S.A.		Widow			Thelma Roberts
		14. LAST OCCUPATION	15. PERIOD OF TIME IN WHICH	16. NAME OF LAST EMPLOYING COMPANY OR FIRM	17. NATURE OF INDUSTRY OR BUSINESS		
		Poultry trader	30 Yrs.	Dept. of Agriculture	Govt.		
PLACE OF DEATH		18. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY			19. STREET ADDRESS—NAME AND NUMBER OR LOCATION		20. INSIDE CITY CORPORATE LIMITS SPECIFY CITY OR COUNTY
		19a. CITY OR TOWN			19b. COUNTY		Yes
		Compton			Los Angeles		Life
USUAL RESIDENCE		19c. USUAL RESIDENCE—STREET ADDRESS (NAME AND NUMBER OR LOCATION)			20d. NAME AND MAILING ADDRESS OF INFORMANT		
DEATH OCCURRED		19d. CITY OR TOWN			Same		
INFORMATION THAT RESEMBLES DECEASED (IMPERSONAL)		19e. COUNTY			20e. CITY OR TOWN		
		Compton			Los Angeles		
PHYSICIAN'S OR CORONER'S CERTIFICATION		21a. CORONER—CERTAINLY THAT THE DECEASED WAS A HUMAN BEING 21b. PHYSICIAN—STATE CERTAINLY THAT THE DECEASED WAS A HUMAN BEING 21c. MEDICAL EXAMINER—STATE CERTAINLY THAT THE DECEASED WAS A HUMAN BEING			21d. THOMAS J. KIRKMAN, M.D., CORONER 21e. DR. E. L. HEDBERGER, M.D., MEDICAL EXAMINER 21f. THOMAS JUSTICE, Los Angeles		
FUNERAL DIRECTOR AND LOCAL REGISTRAR		22a. FUNERAL DIRECTOR	22b. DATE	23. NAME OF CEMETERY OR CINERATORIUM	24. EMBALMER—SIGNATURE AND STATE EMBALMING LICENSE NUMBER	25. DATE SIGNED	
		Burini	2-21-70	Evergreen Cemetery	Albert P. [Signature]	FEB 18 1970	
		25. NAME OF FUNERAL DIRECTOR OR FUNERAL HOME AS SUCH	26. MEDICAL EXAMINER'S SIGNATURE	27. LOCAL REGISTRAR—SIGNATURE	28. FUNERAL DIRECTOR'S SIGNATURE	29. PART I—DEATH WAS CAUSED BY	
		Pierce Bros—Los Angeles	[Signature]	[Signature]	[Signature]	(IMMEDIATE CAUSE) (A) DUE TO OR AS A CONSEQUENCE OF CONDITIONS IF ANY WHICH GAVE RISE TO THE FOLLOWING (B) THE CAUSE, (A), STATING THE UNDERLYING CAUSE (C)	
MEDICAL AND HISTORICAL DATA		30. PART II—OTHER SIGNIFICANT CONDITIONS—CONDITIONS WHICH DID NOT RESULT IN THE FATAL CAUSE STATED IN PART I	31. DATE OF INJURY—MONTH DAY YEAR	32a. EXPIRATION DATE NO	32b. EXPIRATION DATE NO	33. DATE OF DEATH NO	34. CAUSE OF DEATH APPROXIMATE TIME OF DEATH AND DEATH BEDSIDE ON AND DEATH
INJURY INFORMATION		33. SPECIFIC ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN	35. INJURY AT HOME INJURY HOME	36a. DATE OF INJURY—MONTH DAY YEAR	36b. HOUR	
		37a. PLACE OF INJURY	37b. SOURCE OF INFORMATION NAME, TITLE, ADDRESS	38. DATE OF INJURY—MONTH DAY YEAR NO	39. DATE OF DEATH NO		
		40. DESCRIBE HOW DEATH OCCURRED					
STATE REGISTRAR		A.	B.	C.	D.		

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

FEB 27 1970

F.E.E.  
\$2.00*E. L. Hedberman, M.D.*

O. A. Hedberman, M.D., Health Officer and Registrar

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