52721

RECORDING REQUESTED BY

Mrs. Thelma Joseph

AND WHEN RECORDED MAIL TO

Mrs. Thelma Joseph
2022 North Keene avenue
Los Angeles, 59 Calif.

RECORDED AT THE REQUEST OF Thelma Joseph
June 15 19 70 at 45 min. past 10 A. M.
Book 35 of OFFICIAL RECORDS page 489-490 RECORDS OF
EUREKA COUNTY, NEVADA [signature] Recorder.
File No. 52721 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, } ss.
COUNTY OF Los Angeles

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

That JAMES JOSEPH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JAMES LLOYD JOSEPH dated May 12, 1967 named as one of the parties in that certain Deed executed by NEVADA TITLE GUARANTY COMPANY, a Nevada Corporation to JAMES LLOYD JOSEPH and THELMA JOSEPH, Husband and Wife, as joint tenants, recorded as Instrument No. [illegible] 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 CRESCENT VALLEY RANCH & FARMS, UNIT NO. 1, filed in the office of the County Recorder of Eureka County, Nevada, on November 5, 1959.

EXCEPTING, any 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 $ 600.00

Dated June 10, 1970

Thelma Joseph
Thelma Joseph
Affiant

SEAL

SUBSCRIBED AND SWORN TO before me this 10th day of June 1970

Signature [signature]
M. C. CORREIA
My Commission Expires [illegible]
Name (Typed or Printed)

M. C. CORREIA
NOTARY PUBLIC
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

(This area for official notarial seal)

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

Section	Item	Entry
DECEDENT PERSONAL DATA	1a. Name of deceased—First name	James
	1b. Middle name	
	1c. Last name	Joseph
	2a. Date of death	Feb 15, 1970
	2b. Hour	0430 hrs.
	3. Sex	Male
	4. Color or race	Negro
	5. Birthplace	California
	6. Date of birth	Aug 18, 1913
	7. Age	56 Yrs
	8. Name and birthplace of father	Andrew L Joseph-Lo.
	9. Maiden name and birthplace of mother	Virginia Daniels-Lo.
	10. Citizen of what country	U.S.A.
	11. Social security number	
	12. Married, never married, widowed, divorced	Married
	13. Name of surviving spouse	Thelma Roberts
	14. Last occupation	Poultry Grader
	15. Number of years in this occupation	30 Yrs
	16. Name of last employing company or firm	U.S. Dept of Agriculture
	17. Kind of industry or business	Gov't.
PLACE OF DEATH	18a. Place of death—name of hospital	
	18b. Street address	2022 No. Keene St
	18c. Inside city corporate limits	Yes
	18d. City or town	Compton
	18e. County	Los Angeles
	18f. Length of stay in county of death	Life
	18g. Length of stay in California	Life
USUAL RESIDENCE	19a. Usual residence—street address	2022 No. Keene St
	19b. Inside city corporate limits	Yes
	19c. City or town	Compton
	19d. County	Los Angeles
	19e. State	California
	20. Name and mailing address of informant	Thelma Joseph, Same
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. Coroner	Investigation
	21c. Signature	Thomas T. Noguchi, M.D., Coroner, by [signature] Deputy
	21d. Date signed	2-17-70
	21e. Address	Hall of Justice, Los Angeles
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a. Specify burial, entombment or cremation	Burial
	22b. Date	2-21-70
	23. Name of cemetery or crematory	Evergreen Cemetery
	24. Embalmer—signature	[signature] 4775
	25. Name of funeral director	Pierce Bros-Los Angeles
	26.	Yes
	27. Local registrar—signature	[signature] MD
	28. Date accepted for registration	FEB 18 1970
CAUSE OF DEATH	29. Part I. Death was caused by: (A) Immediate cause	ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
	(B) Due to, or as a consequence of	
	(C) Due to, or as a consequence of	
	30. Part II. Other significant conditions	
	31.	No
	32a.	No
INJURY INFORMATION	33. Specify accident, suicide or homicide	
	34. Place of injury	
	35. Injury at work	
	36a. Date of injury	
	36b. Hour	
	37a. Place of injury	
	38.	No
	39.	No
	40. Describe how injury occurred	
STATE REGISTRAR	A.–F.	5412

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.

FEB 27 1970 FEE $2.00

[signature] MD

G. A. Heidbreder, M.D., M.P.H., Health Officer and Registrar

BOOK 35 PAGE 490