

57526

RECORDING REQUESTED BY
HAROLD R. SPENCE
AND WHEN RECORDED MAIL TO
HAROLD R. SPENCE
ATTORNEY AT LAW
756 SOUTH BROADWAY, SUITE 1230
LOS ANGELES, CALIF. 90014

AFFIDAVIT--DEATH OF JOINT TENANTS

STATE OF CALIFORNIA }
COUNTY OF LOS ANGELES } ss.

JOSETTE CAPLAN, formerly JOSETTE COUTAUD, of legal age,
being first duly sworn, deposes and says:

That EUGENE PAUL CAPELLINI, the decedent mentioned in the
attached certified copy of Certificate of Death, and THERESE R.
CAPELLINI, the decedent mentioned in the attached certified copy of
Certificate of Death, are, respectively, the same persons as EUGENE
CAPELLINI and TERESA CAPELLINI named as two of the JOINT TENANTS in
that certain JOINT TENANCY DEED dated the 14th day of February, 1963,
executed by CRESCENT VALLEY RANCH & FARMS, a Nevada corporation,
recorded as Document No. 37337, on February 25, 1963, at 08 minutes
past 8 o'clock A. M., in Book 26 of Deeds, Page 378, Records of
Eureka County, State of Nevada, covering the following described
property situated in the County of Eureka, State of Nevada:

The Northwest quarter of the Northeast quarter of
Section 13, Township 29 North, Range 48 East, M.D.B.M.,
as per Government Survey.

RESERVING THEREFROM an easement of 30 feet along all
boundaries for ingress and egress, with power to dedicate.

SUBJECT TO: Covenants, conditions, restriction, reserva-
tions, easements, rights and/or rights of way of record.

Together with the tenements, hereditaments and appurten-
ances thereunto belonging or appertaining, and the re-
version and reversions, remainder and remainders, rents,
issues and profits thereof.

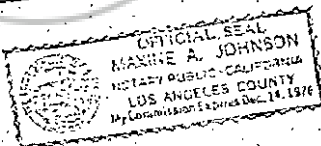
That the full value of the property above described at the
respective dates of death of said decedents did not then exceed the
sum of \$480.00.

Dated: 8/14/1973

Joette Caplan
Joette Caplan
Formerly
Joette Coutaud
Joette Coutaud

SUBSCRIBED AND SWORN TO before me
this 14th day of August, 1973.

Marianne A. Johnson



CERTIFICATE OF DEATH

7069 708

STATE FILE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEASED—FIRST NAME EUGENE		1B. MIDDLE NAME PAUL		1C. LAST NAME CAPELLINI	
3. SEX MALE		4. COLOR OR RACE CAUC		24. DATE OF DEATH—MONTH DAY YEAR MAY 11, 1971	
5. BIRTHPLACE ITALY		6. DATE OF BIRTH MARCH 26, 1900		7. AGE—LAST BIRTHDAY 71	
8. NAME AND BIRTHPLACE OF FATHER JOSEPH CAPELLINI, ITALY		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER UNKNOWN, UNKNOWN		10. CITIZEN OF WHAT COUNTRY U.S.A.	
11. SOCIAL SECURITY NUMBER [REDACTED]		12. MARRIED NEVER MARRIED WIDOWED WIDOWED		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) [REDACTED]	
14. LAST OCCUPATION PRINTER		15. NUMBER OF YEARS IN LAST OCCUPATION 17		16. NAME OF LAST EMPLOYING COMPANY OR FIRM UNKNOWN	
17. KIND OF INDUSTRY OR BUSINESS PRINTING		18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY HUNTINGTON MEMORIAL HOSPITAL		18B. STREET ADDRESS—STREET AND NUMBER OR LOCATION 100 CONGRESS	
18C. CITY OR TOWN PASADENA		18D. COUNTY LOS ANGELES		18E. INSIDE CITY CORPORATE LIMITS YES	
19A. USUAL RESIDENCE—STREET ADDRESS, STREET AND NUMBER OR LOCATION 944 PALM TERRACE		19B. INSIDE CITY CORPORATE LIMITS YES		20. NAME AND MAILING ADDRESS OF INFORMANT MRS. JOSETTE CAPLAN 711 LINDA VISTA PASADENA, CALIF., 91103	
19C. CITY OR TOWN PASADENA		19D. COUNTY LOS ANGELES		19E. STATE CALIFORNIA	
21A. PHYSICIAN [REDACTED]		21B. PHYSICIAN [REDACTED]		21C. PHYSICIAN OR CORONER—SIGNATURE AND TITLE [REDACTED]	
21D. DATE SIGNED 5-11-71		21E. ADDRESS 65 N. Verdugo Road		21F. CITY AND STATE PASADENA, CALIF.	
22A. MANNER OF DEATH CREMATION		22B. DATE 5/14/71		23. NAME OF CEMETERY OR CREMATORY PASADENA MAUSOLEUM	
24. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LAMB FUNERAL HOME		25. ADDRESS OF FUNERAL HOME PASADENA, CALIFORNIA		26. LOCAL REGISTRATION SIGNATURE [REDACTED]	
27. LOCAL REGISTRATION NUMBER 908		28. DATE OF DEATH MAY 13 1971		29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C. (A) IMMEDIATE CAUSE Ca of the infection (B) DUE TO, OR AS A CONSEQUENCE OF ill developed intestines (C) DUE TO, OR AS A CONSEQUENCE OF THE UNDERLYING CAUSE LAST	
30. PART II. OTHER SIGNIFICANT CONDITIONS [REDACTED]		31. WAS OPERATION OF BODY PERFORMED FOR RESEARCH PURPOSES? NO		32. WERE THERE ANY OTHER SIGNIFICANT CONDITIONS? NO	
33. SPECIFIC ILLNESS OR INJURY [REDACTED]		34. PLACE OF INJURY [REDACTED]		35. INJURY AT WORK [REDACTED]	
36. DATE OF INJURY [REDACTED]		37. HOUR [REDACTED]		38. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) [REDACTED]	
39. HOW THE INJURY OCCURRED (ENTER BRIEF DESCRIPTION OF EVENTS WHICH RESULTED IN INJURY; THE PLACE OF INJURY SHOULD BE ENTERED IN 38) [REDACTED]		40. DESCRIBE HOW INJURY OCCURRED (ENTER BRIEF DESCRIPTION OF EVENTS WHICH RESULTED IN INJURY; THE PLACE OF INJURY SHOULD BE ENTERED IN 38) [REDACTED]		41. STATE REGISTRAR [REDACTED]	

CERTIFICATION STATEMENT

This is to certify that the above is a true and correct copy of the death certificate of the above named decedent as registered in this office.

[Signature]
HEALTH OFFICER

[Signature]
Deputy Registrar - Vital Statistics

Furnished for fee of \$2.00
Date: MAY 13 1971

Seal of CITY OF PASADENA

46

