

RHODES, BARNARD, MALONEY & HART

When Recorded Mail to

RHODES, BARNARD, MALONEY & HART  
1244 Sixth Street  
Santa Monica 90406

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF CALIFORNIA )  
 ) SS.  
COUNTY OF LOS ANGELES )

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

That CHARLES R. COCHENOUR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as C. R. COCHENOUR named as one of the parties in that certain Trustee's Deed Upon Sale dated April 10, 1967, executed by W. A. Kennedy and Milo Taber, Vice President and Assistant Secretary respectively of Title Insurance and Trust Company, a corporation; to C. R. COCHENOUR and ELIA COCHENOUR, his wife as Joint Tenants, and CHARLES S. CASTLE and LAVEEDA CASTLE, his wife as Joint Tenants, recorded as File No. 44490, on April 20, 1967, in Book 18, Pages 475-476 of the Official Records of Eureka County Nevada, covering the following described property situated in the County of Eureka, State of Nevada:

NE 1/4; N 1/2 SE 1/4; Lots 9 and 10, containing 316.32 acres (sometimes referred to as the E 1/2 of Section 18) Township 20 North, Range 53 East, MDB&M, as granted to Wallace Edmond Baker by the United States Patent dated October 30, 1963, numbered 123392 and recorded May 15, 1964 in Book 4 of Official Records of Eureka County, Nevada, at page 132-133.

Together with all water and water rights of every kind and nature.

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 \$ 135,000<sup>00</sup>.

Dated November 3 1975

Elia Cochennour  
Elia Cochennour

Subscribed and sworn to before me this 3<sup>rd</sup> day of November, 1975.

Lavina M. Fletcher  
Notary Public in and for the County of Los Angeles

Seal



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**STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH**

LOCAL REGISTRATION  
DISTRICT AND

CERTIFICATE NUMBER **3600**

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME <b>Charles</b>	1b. MIDDLE NAME <b>R.</b>	1c. LAST NAME <b>Cohenour</b>	2a. DATE OF DEATH—MONTH DAY YEAR <b>July 2, 1967</b>	2b. HOUR DOA <b>11:15 PM</b>
	3. SEX <b>Male</b>	4. COLOR OR RACE <b>Caucasian</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Los Angeles, Calif</b>	6. DATE OF BIRTH <b>Sept. 18, 1923</b>	7. AGE (LAST BIRTHDAY) <b>43</b> YEARS
	8. NAME AND BIRTHPLACE OF FATHER <b>Ray H. Cohenour Ohio</b>		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Wilda Grovo Ohio</b>		10. CITIZEN OF WHAT COUNTRY
	12. LAST OCCUPATION <b>Insurance Agent</b>		13. NUMBER OF YEARS IN THIS OCCUPATION <b>21</b>	14. NAME OF LAST EMPLOYING COMPANY OR FIRM <b>Self</b>	15. KIND OF INDUSTRY OR BUSINESS <b>General Insurance</b>
PLACE OF DEATH	19a. PLACE OF DEATH—NAME OF HOSPITAL <b>Santa Anita Hospital</b>		19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION) (DO NOT USE P. O. BOX NUMBERS) <b>Lake Arrowhead</b>		
	19c. CITY OR TOWN <b>Lake Arrowhead</b>		19d. COUNTY <b>San Bernardino</b>	19e. LENGTH OF STAY IN COUNTY OF DEATH <b>2 days</b>	19f. LENGTH OF STAY IN CALIFORNIA <b>43</b> YEARS
	20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION) (DO NOT USE P. O. BOX NUMBERS) <b>1100 California</b>		20b. CITY OR TOWN <b>Santa Monica</b>	20c. COUNTY <b>L.A.</b>	20d. STATE <b>Calif</b>
PHYSICIAN'S OR CORONER'S CERTIFICATION	22a. PHYSICIAN (IF DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT IT ATTENDED THE DECEASED) (SEE INSTRUCTIONS) <b>Autopsy</b>		22c. PHYSICIAN OR CORONER (GIVE NAME AND ADDRESS) <b>Edw. P. Doyle by J. P. [Signature]</b>		
	22b. CORONER (IF DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT IT WAS HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW) <b>Autopsy</b>		22d. DATE SIGNED <b>7-5-67</b>		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. NAME OF FUNERAL DIRECTOR (GIVE NAME AND ADDRESS) <b>Gates Kingsley Gates (Santa Monica)</b>	24. DATE <b>July 6, 1967</b>	25. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Santa Monica</b>	26. LICENSE NUMBER (GIVE LICENSE NUMBER OF FUNERAL HOME) <b>5331</b>	
	27. NAME OF LOCAL REGISTRAR (GIVE NAME AND ADDRESS) <b>Gates Kingsley Gates (Santa Monica)</b>		28. DATE SIGNED <b>7-5-67</b>	29. LOCAL REGISTRAR—SIGNATURE <b>[Signature]</b>	
CAUSE OF DEATH	30. CAUSE OF DEATH (PART I) (DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) OR (B) OR (C)) <b>Coronary occlusion</b>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>	
	30. CAUSE OF DEATH (PART II) (OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I) <b>Atherosclerosis</b>			<b>Years</b>	
OPERATION AND AUTOPSY	31. OPERATION—(CHECK ONE) <input type="checkbox"/> OPERATION PERFORMED <input checked="" type="checkbox"/> NO OPERATION PERFORMED		32. DATE OF OPERATION	33. AUTOPSY—(CHECK ONE) <input type="checkbox"/> AUTOPSY PERFORMED <input checked="" type="checkbox"/> NO AUTOPSY PERFORMED	
	34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34b. DESCRIBE OR INJURY OCCURRED		
INJURY INFORMATION	35a. TIME OF INJURY <b>12:15 - 7-2</b>		35b. PLACE OF INJURY (GIVE STREET OR RURAL ADDRESS OR LOCATION) <b>[Blank]</b>		
	35c. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> WHILE AT HOME		35d. CITY, TOWN, OR LOCATION <b>BOOK 52 PAGE 594</b>		

MEDICAL AND HEALTH DATA

LAST USUAL RESIDENCE

PLACE OF DEATH

FUNERAL DIRECTOR AND LOCAL REGISTRAR

CAUSE OF DEATH

OPERATION AND AUTOPSY

INJURY INFORMATION



RECORDED AT THE REQUEST OF Chilton Engineering  
on November 12, 1975, at 55 mins. past 10 AM. in  
Book 52 of OFFICIAL RECORDS, page 593-595, RECORDS OF  
EUREKA COUNTY, NEVADA. WILLIS A. DePAOLI Recorder  
File No. 60570 Fee \$ 5.00



I hereby certify that this is a true and  
correct copy of death  
Certificates on file in the office.  
M. E. COSANO MD, Local Registrar  
SAN BERNARDINO COUNTY

*M. E. Cosano*  
Notary Public

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