RECORDING REQUESTED BY

Rogers, Carnes & Plooster

61351

AND WHEN RECORDED MAIL TO

Rogers, Carnes & Plooster
15730 S. Paramount Blvd.
Paramount, CA 90723

Name, street address, city & state

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit—Death of Joint Tenant

TO 426 CA (7-78) THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF CALIFORNIA,
County of Los Angeles } ss.

Helen R. Mason, of legal age, being first duly sworn, deposes and says: That Ralph Owen Mason, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ralph O. Mason named as one of the parties in that certain deed dated January 15, 1962, executed by A.Z. Seltzer and Arthur J. Duperron on behalf of Crescent Valley to Ralph O. Mason and Helen R. Mason, husband and wife (Ranch & Farms

as joint tenants, recorded as Instrument No. 35866, on February 1, 1962, in book 26, page 174, of Official Records of Eureka County, ~~California~~ Nevada, covering the following described property situated in the ~~County~~ of Eureka, State of ~~California~~ Nevada:

Lot 12, Block 6, CRESCENT VALLEY RANCH & FARMS, UNIT No. 2, as per map recorded in said County as File No. 34285

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 May 14, 1976

Helen R. Mason
Helen R. Mason

SUBSCRIBED AND SWORN TO before me this 14 day of May, 1976

Signature

Name (Typed or Printed)

OFFICIAL SEAL
JAMES E. PLOOSTER
NOTARY PUBLIC • CALIFORNIA
LOS ANGELES COUNTY
My comm. expires MAY 24, 1979

15730 So. Paramount Blvd., Paramount, CA 90723

(This area for official notarial seal)

Title Order No. AC-120709-29 Escrow or Loan No.

55

33

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH DAY YEAR	2b. HOUR
Ralph	Owen	Mason	May 31, 1975	0630 M

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Male	Cauc.	Missouri	December 7, 1916	58 YEARS		

AMENDED
1 OF 2

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Harry E. Mason Missouri	Orpha McDowell Missouri

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
U.S.A.	[redacted]	Married	Helen MacQueston

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (OR SELF EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Operator	27yrs.	Texaco Inc.	Petroleum

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
	REAR OF: 1885 Pacific Avenue	yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Long Beach	Los Angeles	40 YEARS	40 YEARS

USUAL RESIDENCE (DEATH OCCURRED IN INSTITUTION: ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
Unknown	Unknown	Helen Mason 2166 Pacific Ave. Long Beach, California

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Long Beach (Unknown)	Los Angeles	California

PHYSICIAN'S CORONER'S CERTIFICATION

21a. CORONER	21b. PHYSICIAN	21c. DATE SIGNED
Investigation	FROM TO AND (ESTIMATED DATE OF DEATH)	THOMAS T. NOGUCHI, M.D., CORONER Ruby Davis Deputy DEPUTY 21d. ADDRESS 1104 N. MISSION ROAD G.C. 27530 LOS ANGELES, CALIFORNIA 90033	6-2-75

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE AND ADDRESS	LICENSE NUMBER
Burial	6/4/75	Sunnyside Cemetery	Raymond L. Miller	4512

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. (IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER—SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR
Sunnyside Mortuary			JUN 3 1975

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.

CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) DEFERRED.	
DUE TO OR AS A CONSEQUENCE OF	(B)	
DUE TO OR AS A CONSEQUENCE OF	(C)	

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

31. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO)	32a. AUTOPSY (SPECIFY YES OR NO)	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
	YES	

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH DAY YEAR	36b. HOUR
				M

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO LEGAL RESIDENCE (GIVE IN MILES)	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)
	MILES		

40. DESCRIBE HOW INJURY OCCURRED (ENTER DESCRIPTION OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

STATE REGISTRAR

A	B	C	D	E	F.
					8-1-

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

JUL 10 1975

FEE $2.00

Lisbon A. Witherill, Director of Health Services and Registrar

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AMENDMENT OF MEDICAL AND HEALTH SECTION DATA—DEATH

STATE CERTIFICATE NUMBER (INSTRUCTIONS ON REVERSE) LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

IDENTIFICATION OF THE RECORD

1a. FIRST NAME: RALPH | 1b. MIDDLE NAME: OWEN | 1c. LAST NAME: MASON

2. PLACE OF OCCURRENCE—CITY OR CO. | 3. DATE OF EVENT: MAY 31, 1975 | 4. DATE ORIGINAL FILED: June 3, 1975

2 OF 2

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

ORIGINALLY REPORTED INFORMATION

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

IMMEDIATE CAUSE (A): DEFERRED

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A); STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF (B):
DUE TO, OR AS A CONSEQUENCE OF (C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I(a)

31. WAS OPERATION OF A DIFFERENT KIND PERFORMED FOR ANY CONDITION GIVEN IN 30 OR 29? (SPECIFY OPERATION AND/OR DISEASE)

32a. AUTOPSY (SPECIFY YES OR NO): YES

32b. IF YES WERE FINDINGS USED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE

34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, PUBLIC HIGHWAY, STREET, OFFICE BUILDING, ETC.)

35. INJURY AT WORK (SPECIFY YES OR NO)

36a. DATE OF INJURY—MONTH, DAY, YEAR

36b. HOUR

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE. FILL IN

38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)

39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (STATE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

IMMEDIATE CAUSE (A): MYOCARDIAL FIBROSIS

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF (B):
DUE TO, OR AS A CONSEQUENCE OF (C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I(a): FATTY HEPATOMEGALY

31. WAS OPERATION OF A DIFFERENT KIND PERFORMED FOR ANY CONDITION GIVEN IN 30 OR 29? (SPECIFY OPERATION AND/OR DISEASE)

32a. AUTOPSY (SPECIFY YES OR NO): YES

32b. IF YES WERE FINDINGS USED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): YES

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE

34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, PUBLIC HIGHWAY, STREET, OFFICE BUILDING, ETC.)

35. INJURY AT WORK (SPECIFY YES OR NO)

36a. DATE OF INJURY—MONTH, DAY, YEAR

36b. HOUR

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE. FILL IN

38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO): YES

39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO): YES

40. DESCRIBE HOW INJURY OCCURRED (STATE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

5. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

6a. SIGNATURE OF PHYSICIAN OR CORONER: Jessie Sallin
THOMAS T. NOGUCHI, M.D., CORONER
By Jane M. Sallier DEPUTY

6b. DATE SIGNED: 7-7-75

7a. NAME OF PHYSICIAN OR CORONER (PRINT OR TYPE): 194 N. MISSION RD. LOS ANGELES, CALIFORNIA

7b. DEGREE OR TITLE

7c. ADDRESS—STREET, CITY, STATE

REGISTRAR'S OFFICE

8a. OFFICE OF STATE OR LOCAL REGISTRAR: Liston A. Witherill Jr.

8b. DATE ACCEPTED: JUL 10 1975

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, BUREAU OF VITAL STATISTICS (REV. 11-69) FORM VS-24B

RECORDED AT THE REQUEST OF
Title Insurance & Trust Co.
on May 27, 1976
at 55 min. past 10 A. M.
in Book 55 of OFFICIAL
RECORDS page 33-35, RECORDS
OF EUREKA COUNTY, NEVADA
WILL A. DePAOLI
Recorder
File No. 61381 Fee $ 5.00

THIS IS A TRUE CERTIFIED COPY OF [illegible] FILED IN THE [illegible] OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

JUL 10 1975

FEE $2.00

Liston A. Witherill, Director of Health Services and Registrar

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