RECORDING REQUESTED BY

Rogers, Carnes & Plooster

AND WHEN RECORDED MAIL TO

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

61381

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit—Death of Joint Tenant

TO 426 CA (7-73)

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, Nevada, covering the following described property situated in the Nevada, County of Eureka, State of 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 MAR 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

AMENDED

1 OF 2

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: Ralph
1b. MIDDLE NAME: Owen
1c. LAST NAME: Mason
2a. DATE OF DEATH—MONTH DAY YEAR: May 31, 1975
2b. HOUR: 0630 M
3. SEX: Male
4. COLOR OR RACE: Cauc.
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
6. DATE OF BIRTH: December 7, 1916
7. AGE (LAST BIRTHDAY): 58 YEARS
IF UNDER 1 YEAR: MONTHS DAYS
IF UNDER 24 HOURS: HOURS MINUTES
8. NAME AND BIRTHPLACE OF FATHER: Harry E. Mason Missouri
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Orpha McDowell Missouri
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: [redacted]
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Helen MacQueston
14. LAST OCCUPATION: Operator
15. NUMBER OF YEARS IN THIS OCCUPATION: 27yrs.
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (OR SELF EMPLOYED, BUSINESS): Texaco Inc.
17. KIND OF INDUSTRY OR BUSINESS: Petroleum

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION:
18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): REAR OF: 1885 Pacific Avenue
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
18d. CITY OR TOWN: Long Beach
18e. COUNTY: Los Angeles
18f. LENGTH OF STAY IN COUNTY OF DEATH: 40 YEARS
18g. LENGTH OF STAY IN CALIFORNIA: 40 YEARS

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

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

PHYSICIAN'S CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASE AS REQUIRED BY LAW: Investigation
21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED: FROM (ENTER MONTH DAY YEAR) TO (ENTER MONTH DAY YEAR) AND LAST SEEN ALIVE (ENTER MONTH DAY YEAR)
21c. DATE SIGNED: 6-2-75
21d. ADDRESS: 1104 N. MISSION ROAD G.C. 27530 LOS ANGELES, CALIFORNIA 90033
THOMAS T. NOGUCHI, M.D., CORONER
Ruby Harris Chapman DEPUTY

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
22b. DATE: 6/4/75
23. NAME OF CEMETERY OR CREMATORY: Sunnyside Cemetery
24. EMBALMER—SIGNATURE OR CODE EMPLOYED: Raymond L. Miller 4512
LICENSE NUMBER
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Sunnyside Mortuary
26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO):
27. LOCAL REGISTRAR—SIGNATURE: Sylvia A. Witherill Jr.
28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: JUN 3 1975

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
(A) IMMEDIATE CAUSE: DEFERRED.
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C) DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND DATE):
32a. AUTOPSY (SPECIFY YES OR NO): YES
32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? (SPECIFY YES OR NO):

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, 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 LEGAL RESIDENCE (STATE 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):
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE 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

Sylvia 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

2 OF 2

IDENTIFICATION OF THE RECORD

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

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

ORIGINALLY REPORTED INFORMATION

INFORMATION AS REPORTED 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): 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—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: | 31. WAS OPERATION OR AUTOPSY PERFORMED FOR ANY CONDITION MENTIONED IN PART I OR PART II (SPECIFY OPERATION AND/OR AUTOPSY): | 32a. AUTOPSY (SPECIFY YES OR NO): YES | 32b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (SPECIFY YES OR NO):

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE | 34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, PUBLIC BUILDING, 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) 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):

40. DESCRIBE HOW INJURY OCCURRED (ENTER 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—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: FATTY HEPATOMEGALY | 31. WAS OPERATION OR AUTOPSY PERFORMED FOR ANY CONDITION MENTIONED IN PART I OR PART II (SPECIFY OPERATION AND/OR AUTOPSY): | 32a. AUTOPSY (SPECIFY YES OR NO): YES | 32b. IF YES WERE FINDINGS CONSIDERED 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 BUILDING, 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) MILES | 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 (ENTER 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: THOMAS T. NOGUCHI, M.D., CORONER — Jean M. Sallier DEPUTY | 6b. DATE SIGNED: 7-7-75

7a. NAME OF PHYSICIAN OR CORONER (PRINT OR TYPE): | 7b. DEGREE OR TITLE

7c. ADDRESS—STREET, CITY, STATE: 144 N. MISSION RD. LOS ANGELES, CALIFORNIA

REGISTRAR'S OFFICE

8a. OFFICE OF STATE OR LOCAL REGISTRAR: Liston A. Witherill Dr. | 8b. DATE ACCEPTED: JUL 1 0 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 THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

JUL 1 0 1975

FEE $2.00

Liston A. Witherill, Director of Health Services and Registrar

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