61619

RECORDING REQUESTED BY

Alvin M. Naar

AND WHEN RECORDED MAIL TO

Name Alvin M. Naar
Street Address 16131 Bayberry Place
City & State Sherman Oaks California, 91403

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF CALIFORNIA,
County of Los Angeles } ss.

Mary Ann Wright, of legal age, being duly sworn, deposes and says:

That Charles Naar, a widower, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles Naar, a widower named as one of the parties in that certain Grant Deed dated October 20, 1974 executed by Albert R. Hechinger & Albert R. Hechinger, Trustee to Charles Naar, a widower and Alvin M. Naar, a married man, as Joint Tenants as joint tenants, recorded as Instrument No. 59519, on December 9, 1974, in Book 50, Page 347, of Official Records of Eureka County, ~~California~~ Nevada, covering the following described property situated in the South½ of the North ½ of Section 31, Township 29N, R52E County of Eureka, State of ~~CALIFORNIA~~ NEVADA

Subject to Encumbrances of Record

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 $11,570.00

Dated April 26, 1975

VERIFICATION

I, the undersigned, say: I am the Alvin M. Naar, a married man (Surviving Tenant or Agent) the Declarant of the foregoing Affidavit; I have read the foregoing and know the contents thereof; the same is true of my own knowledge.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 29th (Date of signature.), 19 76, at Los Angeles (City where signed.) California.

(Personal signature of the individual who is swearing that the contents of the Affidavit are true.)

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

AFFIDAVIT · DEATH OF JOINT TENANT
WOLCOTTS FORM 300 · REVISED 4-73

COPY

TO 467 C
(Individual)

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STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On June 29th, 1976 before me, the undersigned, a Notary Public in and for said State, personally appeared

Alvin M. Naar

, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.

Signature Mary Ann Wright

MARY ANN WRIGHT
Name (Typed or Printed)

STAPLE HERE

OFFICIAL SEAL
MARY ANN WRIGHT
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Jan. 30, 1977

9720 Wilshire Blvd., Beverly Hills, CA. 90212

(This area for official notarial seal)

COPY

CERTIFICATE OF DEATH

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

STATE FILE NUMBER ____ LOCAL REGISTRAR'S DISTRICT AND CERTIFICATE NUMBER ____

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: CHARLES
1b. MIDDLE NAME:
1c. LAST NAME: NAAR
2a. DATE OF DEATH—MONTH DAY YEAR: APRIL 26, 1975
2b. HOUR: 8:32 AM
3. SEX: MALE
4. COLOR OR RACE: CAUC.
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ENGLAND
6. DATE OF BIRTH: NOV. 28, 1887
7. AGE (LAST BIRTHDAY): 87 YEARS
8. NAME AND BIRTHPLACE OF FATHER: ABRAM NAAR - ENGLAND
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: JANE ALYON - ENGLAND
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: [redacted]
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): ____
14. LAST OCCUPATION: REAL ESTATE BROKER
15. NUMBER OF YEARS IN THIS OCCUPATION: 25
16. NAME OF LAST EMPLOYING COMPANY OR FIRM: SELF EMPLOYED
17. KIND OF INDUSTRY OR BUSINESS: REAL ESTATE SALES

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION: SANTA MONICA HOSPITAL
18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 1250 15th STREET
18c. WERE YOU CORPORATE LIMITS (SPECIFY YES OR NO): YES
18d. CITY OR TOWN: SANTA MONICA
18e. COUNTY: LOS ANGELES
18f. NUMBER OF WEEKS IN HOSPITAL OR ELSEWHERE: 30 WEEKS
18g. NUMBER OF WEEKS IN THIS COUNTY: 30 WEEKS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1449 SO. WELLSLEY AVENUE
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): YES
20. NAME AND MAILING ADDRESS OF INFORMANT: ALVIN NAAR, 16131 BAYBERRY PLACE, SHERMAN OAKS, CALIFORNIA
19c. CITY OR TOWN: LOS ANGELES
19d. COUNTY: LOS ANGELES
19e. STATE: CALIFORNIA

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: ____
21b. PHYSICIAN: FROM 3/14/75 TO 4/26/75 AND LAST SAW ALIVE 4/24/75
21c. PHYSICIAN OR CORONER—SIGNATURE: [signature]
21d. DATE SIGNED: 4/28/75
21e. ADDRESS: 10931 Wilshire
21f. LICENSE NUMBER: C 30267

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: BURIAL
22b. DATE: 4-28-75
23. NAME OF CEMETERY OR CREMATORY: HILLSIDE MEMORIAL PARK
24. EMBALMER—SIGNATURE OF LICENSED EMBALMER: [signature]
LICENSE NUMBER: 5641
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): GROMAN MORTUARY br
26. WAS CORONER'S OFFICE NOTIFIED (SPECIFY YES OR NO): NO
27. LOCAL REGISTRAR—SIGNATURE: [signature]
28. DATE RECEIVED BY LOCAL REGISTRAR: APR 28 1975

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Cardiorespiratory arrest	10 min
DUE TO OR AS A CONSEQUENCE OF (B)	Cardiac failure	1 wk
DUE TO OR AS A CONSEQUENCE OF (C)	Metastatic Ca. of Prostate	14 yr.

CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS RELATING TO DEATH BUT NOT RELATED TO THE CAUSE GIVEN IN PART I: ASHD
31. WAS OPERATION PERFORMED FOR CONDITION GIVEN IN PART I (SPECIFY YES OR NO): NO
32a. PERFORMED BEFORE DEATH (SPECIFY YES OR NO): NO
32b. IF YES, WERE FINDINGS CONSISTENT WITH CAUSE OF DEATH (SPECIFY YES OR NO): ____

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE: ____
34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION, CITY OR TOWN): ____
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. STATE OF INJURY: ____
38. WERE ALL INJURIES DUE TO ONE CAUSE OR TO ONE CAUSE (SPECIFY YES OR NO): ____
39. WERE ANY INJURIES DUE TO ALCOHOLISM (SPECIFY YES OR NO): ____
40. DESCRIBE HOW INJURY OCCURRED (ENTER INCIDENT OF INJURY WHICH CAUSED DEATH, AND ANY OTHER INJURIES OF IMPORTANCE): ____

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STATE REGISTRAR

A. ____ B. ____ C. ____ D. ____ E. ____ F. 9-1-9

RECORDED AT THE REQUEST OF Alvin M. Naar
on July 2, 1976, at 08 mins. past 11 A.M.
Book 55 of OFFICIAL RECORDS, page 315-317, RECORDS OF
EUREKA COUNTY, NEVADA.
WILLIS A. DeFAOLI Recorder.
Fee $ 5.00
No. 61619

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.
LOS ANGELES COUNTY
APR 30 1975
FEE $2.00
Helen A. Wilcoxell, Director of Health Services and Registrar

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