

RECORDING REQUESTED BY:

Alvin M. Naar

AND WHEN RECORDED MAIL TO

Name: Alvin M. Naar
Street: 16131 Bayberry Place
Address:
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

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, Nevada, covering the following described property situated in the South 1/2 of the North 1/2 of Section 31, Township 29N, R52E County of Eureka State of 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

Alvin M. Naar

VERIFICATION

I, the undersigned, say: I am the Alvin M. Naar, a married man the Declarant of the foregoing (Surviving Tenant or Agent)

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, 1976, at Los Angeles, California.

Alvin M. Naar
(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.

TO 447 C
(Individual)

(T)

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)



9720 Wilshire Blvd., Beverly Hills, CA 90212

(This area for official notarial seal)

STAPLE HERE


CERTIFICATE OF DEATH

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

STATE TYPED HERE		NAME OF DECEASED—FIRST NAME IN BOLD FACE		M. LAST NAME		DATE OF DEATH—MONTH DAY YEAR		TIME	
CHARLES		NAAR		NAAR		APRIL 26 1975		8:32 AM	
3 SEX		4 COLOR OR RACE		5 BIRTH PLACE (COUNTRY)		6 DATE OF BIRTH		7 AGE (LAST BIRTHDAY)	
MALE		CAUC.		ENGLAND		NOV. 28, 1887		87 YEARS	
8 NAME AND BIRTHPLACE OF FATHER		9 MAIDEN NAME AND BIRTHPLACE OF MOTHER		10 CITIZEN OF WHAT COUNTRY		11 SOCIAL SECURITY NUMBER		12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (CHECK ONE)	
ABRAM NAAR - ENGLAND		JANE ALYON - ENGLAND		U.S.A.		[REDACTED]		WIDOWED	
14 LAST OCCUPATION		15 OCCUPATION IN 1969		16 NAME OF LAST EMPLOYING COMPANY OR FIRM		17 KIND OF INDUSTRY OR BUSINESS		18. IF SELF EMPLOYED, CHECK ONE: (CHECK ALL THAT APPLY)	
REAL ESTATE BROKER		25		SELF EMPLOYED		REAL ESTATE SALES		18b. IF SELF EMPLOYED, CHECK ONE: (CHECK ALL THAT APPLY)	
12a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY		12b. STREET ADDRESS—STREET AND NO. BLOCK OR LOCATION		13. LENGTH OF TIME IN COUNTY OF DEATH		14. LENGTH OF TIME IN STATE		15. IF SELF EMPLOYED, CHECK ONE: (CHECK ALL THAT APPLY)	
SANTA MONICA HOSPITAL		1250 15th STREET		30 YEARS		30 YEARS		15b. IF SELF EMPLOYED, CHECK ONE: (CHECK ALL THAT APPLY)	
19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NO. BLOCK OR LOCATION)		19b. IN-DE CITY CORPORATE LIMITS (RESIDENT YES OR NO)		20. NAME AND MAILING ADDRESS OF INFORMANT		21. ADDRESS		22. SIGNATURE OF INFORMANT	
1449 SO. WELLSLEY AVENUE		YES		ALVIN NAAR		16131 BAYBERRY PLACE		SHERMAN OAKS, CALIFORNIA	
19c. CITY OR TOWN		19d. COUNTY		21. ADDRESS		22. SIGNATURE OF INFORMANT		23. DATE SIGNED	
LOS ANGELES		LOS ANGELES		10921 WELLSLEY		[Signature]		4/28/75	
21a. CORONER: (CHECK ONE) (IF DEATH OCCURRED AT HOME, CHECK ONE) (IF DEATH OCCURRED IN HOSPITAL OR OTHER IN-PATIENT FACILITY, CHECK ONE)		21b. PHYSICIAN: (CHECK ONE) (IF DEATH OCCURRED AT HOME, CHECK ONE) (IF DEATH OCCURRED IN HOSPITAL OR OTHER IN-PATIENT FACILITY, CHECK ONE)		21c. PHYSICIAN OR CORONER: (CHECK ONE) (IF DEATH OCCURRED AT HOME, CHECK ONE) (IF DEATH OCCURRED IN HOSPITAL OR OTHER IN-PATIENT FACILITY, CHECK ONE)		21d. ADDRESS		21e. SIGNATURE OF PHYSICIAN OR CORONER	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
22a. SPECIES OF BURIAL, ENTOMBMENT OR CREMATION		22b. DATE		23. NAME OF CEMETERY OR CREMATORY		24. EMBALMER: (CHECK ONE) (IF DEATH OCCURRED AT HOME, CHECK ONE) (IF DEATH OCCURRED IN HOSPITAL OR OTHER IN-PATIENT FACILITY, CHECK ONE)		25. SOCIAL REGISTRATION NO.	
BURIAL		4-28-75		HILLSIDE MEMORIAL PARK		[Signature]		5641	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		26. SOCIAL REGISTRATION NO.		27. SOCIAL REGISTRATION NO.		28. SOCIAL REGISTRATION NO.		29. SOCIAL REGISTRATION NO.	
GROMAN MORTUARY, INC.		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
29. PART I. DEATH WAS CAUSED BY:		30. PART II. OTHER SIGNIFICANT CONDITIONS—(CHECK ONE) (IF DEATH OCCURRED AT HOME, CHECK ONE) (IF DEATH OCCURRED IN HOSPITAL OR OTHER IN-PATIENT FACILITY, CHECK ONE)		31. OCCUPATION OR BUSINESS AT TIME OF DEATH		32. OCCUPATION OR BUSINESS AT TIME OF DEATH		33. OCCUPATION OR BUSINESS AT TIME OF DEATH	
IMMEDIATE CAUSE (A)		CONSEQUENCE OF (B)		[REDACTED]		[REDACTED]		[REDACTED]	
cardio-respiratory arrest		cardiac failure		[REDACTED]		[REDACTED]		[REDACTED]	
30. PART II. OTHER SIGNIFICANT CONDITIONS—(CHECK ONE) (IF DEATH OCCURRED AT HOME, CHECK ONE) (IF DEATH OCCURRED IN HOSPITAL OR OTHER IN-PATIENT FACILITY, CHECK ONE)		31. OCCUPATION OR BUSINESS AT TIME OF DEATH		32. OCCUPATION OR BUSINESS AT TIME OF DEATH		33. OCCUPATION OR BUSINESS AT TIME OF DEATH		34. OCCUPATION OR BUSINESS AT TIME OF DEATH	
A&H-D		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
33. SPECIFY ACCIDENT, SLUDGE OR HOWSOEVER		34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		35. INJURY AT WORK (CHECK ONE) (IF DEATH OCCURRED AT HOME, CHECK ONE) (IF DEATH OCCURRED IN HOSPITAL OR OTHER IN-PATIENT FACILITY, CHECK ONE)		36a. DATE OF INJURY—MONTH DAY YEAR		36b. HOUR	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. CITY OR TOWN		37c. COUNTY		37d. STATE		37e. ZIP CODE	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
40. DESCRIBE HOW INJURY OCCURRED (LENGTH OF TIME OF INJURY, IF APPLICABLE, AND NAME AND TITLE OF ALL PERSONS INVOLVED IN INJURY)		38. IF DEATH OCCURRED AT HOME, CHECK ONE: (CHECK ALL THAT APPLY)		39. IF DEATH OCCURRED AT HOME, CHECK ONE: (CHECK ALL THAT APPLY)		40. IF DEATH OCCURRED AT HOME, CHECK ONE: (CHECK ALL THAT APPLY)		41. IF DEATH OCCURRED AT HOME, CHECK ONE: (CHECK ALL THAT APPLY)	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
STATE REGISTRAR		A		B		C		D	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	

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 CO.
 EUREKA COUNTY, NEVADA. WILLIS A. DePAOLI Recorder.
 No. 61619 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 AND SIMPLE INK



APR 30 1975 FEE \$2.00
 [Signature]