

RECORDING REQUESTED BY  
VAN DELOS EYER  
2850 Moor Park St.  
Studio City, Calif. 91604

62160

AND WHEN RECORDED MAIL TO  
VAN DELOS EYER  
2850 Moor Park St.  
Studio City, Calif. 91604

one  
front  
address  
city &  
state

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# Affidavit-Death of Joint Tenant

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

TO 426 CA (3-72)

STATE OF CALIFORNIA,  
COUNTY OF LOS ANGELES } ss.

Ivan Delos Eyer, of legal age, being first duly sworn, deposes and says:  
That Lulu Eyer Sessions the decedent mentioned in the attached certified copy of  
Certificate of Death, is the same person as Lulu Eyer Sessions  
named as one of the parties in that certain Joint Tenancy dated January 29, 1963  
executed by Lulu Eyer Sessions and Ivan Delos Eyer as tenants in common  
to Lulu Eyer Sessions and Ivan Delos Eyer as Joint Tenants

as joint tenants, recorded as Instrument No. 37224, on February 8, 1963, in  
book 26, page 361, of Deeds of Eureka County, Nevada, in  
County, California, covering the following described property situated in the  
County of Eureka, State of California: Nevada:

PARCEL ONE: The North one half of the Northwest one fourth of  
the Northeast one fourth of Section 33, Township 30  
North, Range 48 East, M.D.B.M. as per Government survey,  
RESERVING THEREFROM an easement of 30 feet along all  
boundaries for ingress and egress, with power of  
dedication. Said property to be used solely for  
commercial agricultural purposes.

PARCEL TWO: Lot 12 of Block 3 Crescent Valley Ranch and Farms Unit  
Number One of File 34081.

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 \$ 3,000.00

Dated: August 10, 1976

*Ivan Delos Eyer*

SUBSCRIBED AND SWORN TO before me

this 10 day of August

Signature: *Marshall Hickson*  
MARSHALL HICKSON

Name (Typed or Printed)



(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

STATE OF NEBRASKA - DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH 5-252

74 04766

DECEASED - NAME 1. <b>Lulu Belle Eyer Sessions</b>		SEX <b>Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>April 15, 1974</b>
RACE <b>White</b>	AGE - YEARS (MONTHS, DAYS) <b>81</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>April 16, 1892</b>	CITY, TOWN, OR LOCATION OF DEATH <b>Knox</b>
CITY, TOWN, OR LOCATION OF DEATH <b>Creighton</b>	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Creighton Care Center</b>	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>U.S.A.</b>	
CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>	SURVIVING SPOUSE (IF WIFE, GIVE MARITAL NAME)	
SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, FURNISH REGISTER) <b>Housework</b>	KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	RESIDENCE - STATE <b>Nebr.</b>
CITY, TOWN, OR LOCATION <b>Knox</b>	CITY, TOWN, OR LOCATION <b>Creighton</b>	STREET AND NUMBER <b>Yes</b>	FATHER - NAME (FIRST, MIDDLE, LAST) <b>Fred --- Butterfield</b>
MOTHER - MAIDEN NAME (FIRST, MIDDLE, LAST) <b>Belle --- Vorce</b>	IT WAS DECEASED EVER IN U.S. ARMED FORCES (YOL. NO. OF SERVICE) (IF YES, GIVE WAR AND DATES OF SERVICE) <b>No</b>		
INFORMANT - NAME - RELATIONSHIP - MARITAL ADDRESS <b>Kenneth Verrita Eyer - Son - Creighton, Nebr. 68729</b>			STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
(a) <b>Respiratory failure</b>			<b>24 hrs.</b>
(b) <b>Bilateral pneumonia</b>			<b>1 week</b>
(c) <b>Arteriosclerotic heart disease &amp; congestive heart fail.</b>			<b>6 months</b>
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I: <b>Severe organic brain syndrome secondary to cerebral vas. insufficiency</b>			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1B)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
INJURY AT WORK (SPECIFY TYPE OF JOB)		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
CERTIFICATION - MONTH DAY YEAR <b>July 6 1971</b>	AND LAST SAW HIM/HER ALIVE ON <b>4/1/74</b>	I DID/DID NOT VIEW THE BODY AFTER DEATH. <b>Did</b>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSES STATED. <b>11:30 A</b>
CERTIFICATION - MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED.	MONTH DAY YEAR <b>April 15, 1974</b>	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR <b>4/22/74</b>	DATE SIGNED (MONTH, DAY, YEAR) <b>4/22/74</b>
CERTIFIER - NAME (TYPE OR PRINT) <b>D. M. Laflen, M. D.</b>	SIGNATURE <i>[Signature]</i>	DEGREE OR TITLE <b>M.D.</b>	DATE SIGNED (MONTH, DAY, YEAR) <b>4/22/74</b>
WORKING ADDRESS - CERTIFIER <b>P. O. Box 27</b>	CITY, TOWN, OR LOCATION <b>Creighton, Nebraska</b>	STATE <b>Nebraska</b>	ZIP <b>68729</b>
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	CEMETERY OR CREMATORY - NAME <b>Brunswick Cemetery</b>	LOCATION <b>Brunswick, Nebr.</b>	DATE <b>April 18, 1974</b>
FUNERAL HOME - NAME AND ADDRESS <b>Hengstler's</b>	CITY, TOWN, OR LOCATION <b>Creighton, Nebr.</b>	STATE <b>Nebr.</b>	ZIP <b>68729</b>
EMBALMER - SIGNATURE & LICENSE NO. <i>[Signature]</i> #2160	REGISTRAR - SIGNATURE <i>[Signature]</i>	DATE RECEIVED BY LOCAL REGISTRAR <b>April 24, 1974</b>	

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

*Jreda Theris*  
DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR  
LINCOLN, NEBRASKA

Issued July 30, 1974

RECORDED AT THE REQUEST OF Marshall Hickson  
on September 2, 19 76, at 10 mins. past 3 P.M. in  
Book 56 of OFFICIAL RECORDS, page 408-409 RECORDS OF  
EUREKA COUNTY, NEVADA. WILLIS A. DePAOLI Recorder  
File No. 62160 Fee \$ 4.00

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