

RECORDING REQUESTED BY

65944

GLADYS WOODRUFF

AND WHEN RECORDED MAIL TO

NAME GLADYS WOODRUFF
ADDRESS 10106 1/2 So. Prairie
CITY & STATE Inglewood, Ca. 90303

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

Misc -119

STATE OF CALIFORNIA,

County of Los Angeles

} ss.

GLADYS M. WOODRUFF, of legal age, being first duly sworn, deposes and says:
That CHESTER HARVEY WOODRUFF, the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as CHESTER H. WOODRUFF dated FEBRUARY 18, 1966
named as one of the parties in that certain DEED executed by CRESCENT VALLEY RANCH & FARMS
to CHESTER H. WOODRUFF and GLADYS M. WOODRUFF on FEBRUARY 28, 1966 in
as joint tenants, recorded as Instrument No. book 10 page 115 of Official Records of EUREKA
County, ~~CALIFORNIA~~ covering the following described property situated in the
NEVADA County of EUREKA State of ~~CALIFORNIA~~
NEVADA

Lot 4 of Block 36 of Crescent Valley Ranch & Farms, Unit No. 1
as per map recorded in Eureka County, Nevada, as File No. 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 \$ 1500.00

Dated August 5, 1977

GLADYS M. WOODRUFF

Gladys M. Woodruff

SUBSCRIBED AND SWORN TO before me, the
undersigned, a Notary Public in and for said County
and State, this 5th day
of August, 1977

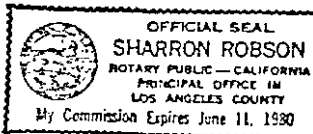
(Seal)

Sharron Robson

Name (Typed or Printed)
Notary Public in and for said County and State

Title Order No. Escrow No.

FOR NOTARY SEAL OR STAMP



BOOK 61 PAGE 357

CERTIFICATE OF DEATH

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

DECEDENT PERSONAL DATA	1 NAME OF DECEASED—FIRST NAME	2 MIDDLE NAME	3 LAST NAME	4 DATE OF BIRTH—MONTH DAY YEAR	5 TIME OF BIRTH
	6 SEX	7 COLOR OR RACE	8 BIRTHPLACE	9 DATE OF BIRTH	10 AGE
	11 NAME AND BIRTHPLACE OF FATHER	12 MARRIAGE NAME AND BIRTHPLACE OF MOTHER		13 NAME OF SURVIVING SPOUSE—MAY ENTER MARRIAGE NUMBER	
	14 CITIZEN OF WHAT COUNTRY	15 SOCIAL SECURITY NUMBER	16 MARRIAGE STATUS	17 KIND OF INDUSTRY OR BUSINESS	
PLACE OF DEATH	18A PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY		18B STREET ADDRESS—STREET AND NUMBER OR LOCATION		18C HOUSE LIFT ELEVATOR SERVICE—Y/N
	19A USUAL RESIDENCE—STREET ADDRESS, STREET AND NUMBER OR LOCATION		19B MODE CITY CORPORATE LIMITS		20 NAME AND MAILING ADDRESS OF EMPLOYMENT
	19C CITY OR TOWN	19D COUNTY	19E STATE	21 DATE SIGNED	
PHYSICIAN'S OR CORONER'S CERTIFICATION	22A PHYSICIAN		22B PHYSICIAN		22C DATE SIGNED
	23 NAME OF CEMETERY OR CREMATORY		24 LICENSE NUMBER		25 DATE SIGNED
CAUSE OF DEATH	26 PART I—DEATH WAS CAUSED BY		27 PART II—OTHER SIGNIFICANT CONDITIONS		28 HOURS
	29 SPECIFY ACCIDENT—NATURE OF INJURY		30 PLACE OF INJURY		31 HOURS
INJURY INFORMATION	32A PLACE OF INJURY		32B PLACE OF INJURY		32C HOURS
	33 STATE REGISTRAR		34 FEE		35

RECORDED AT THE REQUEST OF
DEI C. Haws
on November 1, 1977
at 02 min. past S.A. M.
in Book 61 of OFFICIAL
RECORDS, page 359-36 RECORDS
OF EUREKA COUNTY, NEVADA
WILL A. DUPONJ
Recorder
File No. 63944 Fee \$ 4.00

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.

MAR 23 1977

FEE \$2.00

Sandra Wilson

Lillian A. Winfield, Director of Health Services and Registrar

63944

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