

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name LEORA A. BROWN,
Street 9000 S. Figueroa St.,
Address
City & Los Angeles, Calif. 90003
State

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

County of LOS ANGELES

LEORA A. BROWN

of legal age, being duly sworn, deposes and says:

That FRED G. BROWN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as FRED G. BROWN named as one of the parties in that certain Grant Deed dated 25 Sept. 1977 executed by HENRY A. LODGE and BARBARA F. LODGE, husband and wife to FRED G. BROWN and LEORA A. BROWN, husband & wife as joint tenants, recorded as Instrument No. 58130 on 17 December 1973 in Book 47, Page 136, of Official Records of Eureka County, Nevada County, California, covering the following described property situated in the County of Eureka, State of Oakland or Nevada,

The south 1/2 of the south 1/2 of the southeast 1/4 of Section 7, Township 28 North, Range 52 East, M.D.B. 64., being 40 acres more or less, according to U. S. Government Survey.

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 \$ 600.00 appraised value

Dated 23 June 1978

Leora A. Brown
LEORA A. BROWN

VERIFICATION

I, the undersigned, say: I am the Surviving Tenant the Declarant of the foregoing Affidavit; I have read the foregoing and know the contents thereof; the same is true of my own knowledge.

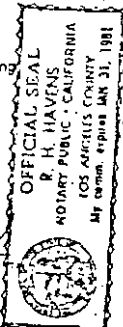
I declare under penalty of perjury that the foregoing is true and correct.

Executed on 23 June, 1978, at LOS ANGELES California.

Subscribed and sworn to before me this 23 day of JUNE, 1978

R. J. Brown Notary Public
in and for the County of Los Angeles, State of California

Leora A. Brown
(Signature of the individual who is asserting that the contents of the Affidavit are true.)



CERTIFICATE OF DEATH

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

STATE P.C. 26101

1. NAME OF DECEASED - FIRST NAME: **FRED**
2. LAST NAME: **BROWN**

3. SEX: **MALE**
4. COLOR OF HAIR: **CAUCA.**
5. BIRTHPLACE: **MICHIGAN**

6. DATE OF BIRTH: **APRIL 9, 1912**
7. AGE: **65**

8. NAME AND BIRTHPLACE OF FATHER: **GEORGE BROWN - MICHIGAN**
9. MARRIAGE NAME AND BIRTHPLACE OF MOTHER: **EMMA UNKNOWN - GERMANY**

10. COUNTRY OF BIRTH: **U. S. A.**
11. SOCIAL SECURITY NUMBER: [REDACTED]

12. MARRIAGE STATUS: **MARRIED**
13. NAME OF SURVIVING SPOUSE OR NEXT OF KIN: **LEORA A. SIMPSON**

14. LAST OCCUPATION: **MANAGER-CO-OWNER**
15. DURATION OF SERVICE: **9 YEARS**
16. NAME OF LAST EMPLOYER OR COMPANY OR FIRM: **MODEL HOTEL**
17. KIND OF INDUSTRY OR BUSINESS: **HOTEL**

18. PLACE OF DEATH: **DANIEL FREEMAN MEMORIAL HOSPITAL**
19. CITY OR TOWN: **INGLEWOOD**
20. STREET ADDRESS: **533 NORTH PRATFIE AVENUE**
21. COUNTY: **LOS ANGELES**
22. ZIP CODE: **900**

23. USUAL RESIDENCE: **9000 SOUTH FIGUEROA**
24. CITY OR TOWN: **LOS ANGELES**
25. COUNTY: **LOS ANGELES**
26. STATE: **CALIFORNIA**

27. NAME AND MAILING ADDRESS OF INFORMANT: **MRS. LEORA A. BROWN - WIFE**
9000 SOUTH FIGUEROA
LOS ANGELES, CALIFORNIA

28. DATE SIGNED: **DEC 27 1977**
29. SIGNATURE: *Willis A. DePaoli*
30. LICENSE NUMBER: **22318**

31. NAME OF FUNERAL DIRECTOR: **ASHLEY-GROSSBY MORTUARY, INC.**
32. DATE: **12/16/1977**
33. NAME OF CERTIFYING PHYSICIAN: **DR. MANDALAC CORNEST**
34. DATE: **DEC 15 1977**

35. CAUSE OF DEATH: **ACUTE CARDIOPULMONARY FAILURE**
DETAILED - SYSTEMIC HYPERTENSION
ACUTE SYSTEMIC ENCEPHALOPATHY - ARTERIO SCLEROSIS

36. PLACE OF INJURY: []
37. PLACE OF INJURY: []
38. DATE OF INJURY: []

RECORDED AT THE REQUEST OF **Leora A. Brown**
on **JUNE 29** 1978 at **30** min. post 3 P. M.
Book **64** of OFFICIAL RECORDS, page **517-518** RECORDS CLERK
EUREKA COUNTY, NEVADA
File No. **65629** WILLIS A. DePAOLI Recorder
Fee \$ **4.00**

DEC 15 1977
\$18
\$2.00
Mortuary
Willis A. DePaoli, Recorder of Deaths, Eureka County, Nevada

65629

BOOK 64 PAGE 518