

ATTORNEY

71037

AND WHEN RECORDED MAIL TO

Name James T. LeBerthon
 Street Address Attorney at Law
 11028 Valley Mall
 City & State El Monte, California 91731

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

TO 426 CA (3-72)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF CALIFORNIA, }
 COUNTY OF LOS ANGELES } ss.

LAWRENCE E. MC CLAY, of legal age, being first duly sworn, deposes and says:
 That Kathryn Louise McClay the decedent mentioned in the attached certified copy of
 Certificate of Death, is the same person as Kathryn McClay
 named as one of the parties in that certain Deed dated August 19, 1966,
 executed by Crescent Valley Ranch & Farms
 to Lawrence E. McClay and Kathryn McClay, husband and wife

as joint tenants, recorded as Instrument No. 42562, on September 6, 1966, in
 book 12, page 053, of Official Records of Eureka
 County, ~~California~~ Nevada, covering the following described property situated in the
 County of Eureka, State of ~~California~~ Nevada:

The Southeast quarter of the Northwest quarter
 of Section 13, Township 31 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 to dedicate.

SUBJECT TO: Covenants, conditions, restrictions,
 reservations, easements, rights and/or
 rights of way 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 \$ _____

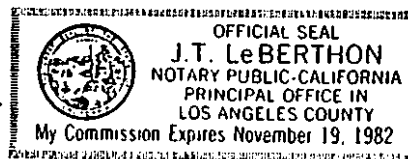
Dated September 6, 1979

Lawrence E. McClay
 Lawrence E. McClay

SUBSCRIBED AND SWORN TO before me

this 6th day of September, 1979

Signature J. T. LeBerthon
J. T. LE BERTHON
 Name (Typed or Printed)



BOOK 76 PAGE 90

Title Order No. _____ Escrow or Loan No. _____

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

0190-015287

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST Kathryn		1B. MIDDLE Louise		1C. LAST MC CLAY		2A. DATE OF DEATH (MONTH, DAY, YEAR) March 28, 1979	
3. SEX Female		4. RACE White		5. ETHNICITY Irish/German		2B. HOUR 0615	
6. DATE OF BIRTH February 23, 1908		7. AGE 71 YEARS		8. IF UNDER 1 YEAR MONTHS DAYS		9. IF UNDER 24 HOURS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Nebraska		9. NAME AND BIRTHPLACE OF FATHER Charles Forell - Indiana		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Theresia Schlife - Nebraska			
11. CITIZEN OF WHAT COUNTRY U. S. A.		12. SOCIAL SECURITY NUMBER [REDACTED]		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Lawrence McClay	
15. MAIN OCCUPATION Beautician		16. NUMBER OF YEARS THIS OCCUPATION 30		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self-Employed		18. KIND OF INDUSTRY OR BUSINESS Beauty Shop	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 108 Palomar Street				19B. Riverside		19C. CITY OR TOWN San Jacinto	
19D. COUNTY Riverside		19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Lawrence McClay - Husband 108 Palomar Street San Jacinto, California 92383			
21A. PLACE OF DEATH San Dimas Golden Age Conv. Hospital		21B. COUNTY Los Angeles		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1033 East Arrow Highway			
21D. CITY OR TOWN Glendora		21E. STATE California		21F. ZIP CODE 92383			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Metastatic Adenocarcinoma of uterus		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH 0 ASD		24. WAS DEATH REPORTED TO CORONER? NO		25. WAS BICENT PERFORMED? NO	
26. WAS AUTOPSY PERFORMED? NO		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NO		28. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		29. DATE SIGNED	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. I ATTENDED DECEDENT SINCE [ENTER NO. OF YR.] I LAST SAW DECEDENT ALIVE [ENTER NO. OF YR.]		28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i> MD		28C. DATE SIGNED 3-29-79		28D. PHYSICIAN'S LICENSE NUMBER 625802	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS A. Glass, M.D., 1025 West "I" Street, Ontario		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i>		35C. DATE SIGNED		36. DISPOSITION Burial	
37. DATE—MONTH, DAY, YEAR March 31, 1979		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Oakdale Memorial Park, Glendora, CA		39. EMPLOYER'S LICENSE NUMBER AND SIGNATURE 6984 Claudia Lutzberg		40. NAME OF FUNERAL DIRECTOR (FOR PERSON ACTING AS SUCH) Oakdale Mortuary	
41. LOCAL REGISTRY SIGNATURE <i>[Signature]</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR MAR 29 1979		43. STATE REGISTRAR		44. FEE \$3.00	

MAILED
1 CR 3

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 COMPLETE FULL

APR 19 1979 FEE \$3.00

[Signature]
Director of Health Services and Registrar

BOOK 76 PAGE 91

01-8-1-0674

AFFIDAVIT TO AMEND A RECORD

BIRTH DEATH FETAL DEATH MARRIAGE

190 015287

STATE CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I

FACTS AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	1a. FIRST NAME Kathryn	1b. MIDDLE NAME Louise	1c. LAST NAME McClay	
	2. SEX Female	3. DATE OF EVENT March 28, 1979	4. PLACE OF OCCURRENCE—CITY AND COUNTY San Dimas - Los Angeles County	
	5. NAME OF FATHER Charles Forell - Indiana		6. MAIDEN NAME OF MOTHER Theresa Schlife - Nebraska	

PART II

STATEMENT OF CORRECTIONS	7. ITEM NUMBER #1A	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD Kathryn	8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE Kathryn

9. REASON FOR CORRECTION: **typographical error**

PART III

FIRST SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>Cecilia Lerner</i>	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 Oakdale Memorial Park Employee	12. AGE OF PERSON COMPLETING THE AFFIDAVIT 24
	13. DATE SIGNED 4/2/79	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 1401 South Grand Avenue, Glendora, California	

SECOND SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>Rachel Foman</i>	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 Oakdale Memorial Park Employee	17. AGE OF PERSON COMPLETING THE AFFIDAVIT 38
	18. DATE SIGNED 4/2/79	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 1401 South Grand Avenue, Glendora, California	

STATE OR LOCAL REGISTRAR	20. DATE ACCEPTED APR 18 1979	21. OFFICE OF THE STATE OR LOCAL REGISTRAR <i>Willis A. DePaoli</i>
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STATE OF CALIFORNIA, DEPARTMENT OF HEALTH, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 9-75) FORM VS-24

71037

RECORDED AT THE REQUEST OF James T. LeBerthon
 on November 8, 1979 at 45 mins. past 10 A.M. In
 Book 76 of OFFICIAL RECORDS, page 90-92 RECORDS OF
 EUREKA COUNTY, NEVADA. WILLIS A. DePAOLI Recorder
 File No. 71037 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 IN PURPLE INK

APR 19 1979

FEE \$3.00

Willis A. DePaoli
Director of Health Services and Registrar

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