

RECORDING REQUESTED BY

BOWEN B. JOHNS

78847

AND WHEN RECORDED MAIL TO

Name BOWEN B. JOHNS
Street 1155-B MERRILL LANE DR.
Address
City & State VISTA CA. 92083

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF ~~CALIFORNIA~~ NEVADA

County of EUREKA } ss.
BOWEN B. JOHNS

That BERNADETTE M. JOHNS, of legal age, being duly sworn, deposes and says:
That BERNADETTE M. JOHNS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as _____
named as one of the parties in that certain JOINT TENANCY DEED dated JULY 6, 1961,
executed by EUREKA COUNTY RECORDER AT REQUEST OF MEMORIAL TITLE GUARANTEE CO.
to BOWEN B. & BERNADETTE M. JOHNS
as joint tenants, recorded as Instrument No. 35470, on _____, in
Book 55, Page 77, of Official Records of EUREKA
County, ~~California~~ NEVADA, covering the following described property situated in the CRESCENT VALLEY TOWN
County of EUREKA, State of ~~California~~ NEVADA

LOT 7 OF BLOCK 8 OF CRESCENT VALLEY RANCH & FARMS,
UNIT #1 AS PER MAP RECORDED IN COUNTY 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 \$ 1000.00

Dated 2-10-81 BOWEN B. JOHNS

VERIFICATION

I, the undersigned, say: I am the SURVIVING TENANT OF 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 FEB 10, 1981, at VISTA, California.
(Date of signature.) (City where signed.)

BOWEN B. JOHNS
(Personal signature of the individual who is swearing that the contents of the Affidavit are true.)

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8000 01002

1A. NAME OF DECEDENT—FIRST Bernadette		1B. MIDDLE Mae	1C. LAST Johns	2A. DATE OF DEATH (MONTH, DAY, YEAR) January 27, 1979		2B. HOUR 1600
3. SEX Female	4. RACE White	5. ETHNICITY -	6. DATE OF BIRTH December 24, 1911	7. AGE 67 YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Iowa		9. NAME AND BIRTHPLACE OF FATHER Irving L. Hobson - Iowa		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Leola Barnes - Iowa		
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) Bowen Johns		
15. PRIMARY OCCUPATION Housewife		16. NUMBER OF YEARS THIS OCCUPATION 49	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Own Home	18. KIND OF INDUSTRY OR BUSINESS Home Making		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1155-3 Meadow Lake Dr.			19B. 19600	19C. CITY OR TOWN Vista		
19D. COUNTY San Diego		19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Bowen Johns, Husband 1155-3 Meadow Lake Dr. Vista, California		
21A. PLACE OF DEATH Tri City Hospital		21B. COUNTY San Diego		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4002 Vista Way.		
		21D. CITY OR TOWN Oceanside				

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORPSE? NO
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	25. WAS BIOPSY PERFORMED? YES		
(A) <i>cardiopulmonary arrest</i>	26. WAS AUTOPSY PERFORMED? NO		
(B) <i>acute myocardial infarction</i>			
(C) <i>pneumonia and septic shock</i>			
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <i>diffuse malignant histiocytic lymphoma</i>		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NO	DATE

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Warren S. Paroly MD</i>	28C. DATE SIGNED 1/29/79	28D. PHYSICIAN'S LICENSE NUMBER 629867
I ATTENDED DECEDENT SINCE (ENTER MO., DA., YR.) 1/25/79	I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.) 1/27/79	28E. TYPE PHYSICIAN'S NAME AND ADDRESS Warren S. Paroly MD, 3925 Waring Rd., Oceanside, Ca.	
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 CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED

36. DISPOSITION Burial	37. DATE—MONTH, DAY, YEAR 1-31-1979	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Glen Haven Mem. Park, San Fernando, Ca	39. EMBALMER—NAME, LICENSE NUMBER AND SIGNATURE <i>[Signature]</i> 6270
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Allen Brothers Mortuary		41. LOCAL REGISTRAR—SIGNATURE <i>Ronald L. Camarillo, M.D.</i>	42. DATE RECEIVED BY LOCAL REGISTRAR JAN 30 1979
STATE REGISTRAR	A.	B.	C.
	D.	E.	F.

FEE PAID: \$3.00
DATE: FEB 2 1979

THIS IS TO CERTIFY THAT, IF SEAL OF THE SAN DIEGO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.



Registrar
Ronald L. Camarillo, M.D.
SAN DIEGO DEPARTMENT OF PUBLIC HEALTH
1600 Pacific Hwy., San Diego, CA 92101

RECORDED AT REQUEST OF
Bowen R. Johns
BOOK 91 PAGE 396

81 FEB 12 10: 31

OFFICIAL RECORDS
FORENSIC DEPARTMENT
WILLIS A. DEAN, CLERK
FILE NO. 78897
FEE \$ 7.00

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