

Esther T. Schroepfer

80016

AND WHEN RECORDED MAIL TO

Name Esther T. Schroepfer
Street Address 1025 S. Riverside, Sp. 45
City & State Rialto, CA 92376

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

TO 426 CA (12-74)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

A.P.N.

STATE OF CALIFORNIA,
COUNTY OF LOS ANGELES } ss.

ESTHER T. SCHROEPFER, of legal age, being first duly sworn, deposes and says:
That VALERIUS MICHAEL SCHROEPFER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as V. M. SCHROEPFER named as one of the parties in that certain Deed (By Corporation) dated December 11, 1973, executed by Susan P. Gustafson, Asst. Vice-President to V. M. Schroepfer and Esther T. Schroepfer, husband and wife,

as joint tenants, recorded as Instrument No. 58124, on December 14, 1973, in Book/Reel 47, Page/Image 131, of Official Records of Eureka, Nevada County, California, covering the following described property situated in the Nevada County of Eureka, State of California:

Lots 13 and 14 in Block 31 of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 1, as shown on the map thereof, filed in the office of the County Recorder of Eureka County, Nevada, on April 6, 1959.

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 \$ 2500.00

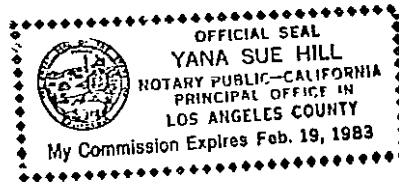
Dated February 19, 1981

Signature of Esther T. Schroepfer
ESTHER T. SCHROEPFER

SUBSCRIBED AND SWORN TO before me

this 19th day of February, 1981

Signature of Yana Sue Hill
Yana Sue Hill



(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

33 005128

STATE FILE NUMBER		LOCAL PERMITS/DIVISION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Valerius		1B. MIDDLE Michael	1C. LAST Schroepfer
2A. DATE OF DEATH (MONTH DAY YEAR) November 16, 1980		2B. TIME 0014	
3. SEX Male	4. RACE Cauc.	5. ETHNICITY	6. DATE OF BIRTH December 30, 1919
7. AGE 60 YEARS		8. NUMBER OF YEARS BEFORE DEATH	9. NUMBER OF MONTHS BEFORE DEATH
10. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) MN		9. NAME AND BIRTHPLACE OF FATHER Hy Schroepfer/MN	10. BIRTH NAME AND BIRTHPLACE OF MOTHER Julia Unknown / Ger
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS Married
14. NAME OF SURVIVING SPOUSE (OR WIFE, ENTER BIRTH DATE) Esther Henry		15. KIND OF INDUSTRY OR BUSINESS Mobile Home Sales	
16. NUMBER OF YEARS THIS OCCUPATION 11		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self Employed	
18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1025 S. Riverside Ave. #45		19B.	19C. CITY OR TOWN Rialto
19D. COUNTY San Bernardino		19E. STATE CA	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mrs. Donna L. Spurr - daughter 519 W. Taylor Sp 275 Santa Maria, California 93454
21A. PLACE OF DEATH Desert Hospital		21B. COUNTY Riverside	21D. CITY OR TOWN Palm Springs
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1150 N. Indian Ave.		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION No	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Cardiac Arrest CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE NUMBER, DUE TO, OR AS A CONSEQUENCE OF (B) Hypertensin (C) Diabetes Mellitis		24. WAS DEATH REPORTED TO CORONER Yes	25. WAS ANATOMY PERFORMED No
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		26. WAS ANATOMY PERFORMED No	26. WAS ANATOMY PERFORMED No
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATED. 1 ATTENDED DECEDENT SINCE (ENTER NO. DA. 1A.)		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE William J. Dukes, M.D.	28C. DATE SIGNED 11-16-80
28E. TYPE PHYSICIAN'S NAME AND ADDRESS		28D. PHYSICIAN'S LICENSE NUMBER	28F. PHYSICIAN'S SIGNATURE
29. SPECIFY ACCIDENT, STRIKE, ETC.		30. PLACE OF INJURY	31. INJURY AT WORK
32A. DATE OF INJURY—MONTH DAY YEAR		32B. HOUR	33. LOCATION (STREET AND NUMBER OF LOCATION AND CITY OR TOWN)
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATED, AS REQUIRED BY LAW I HAVE HELD AN APPROPRIATE INVESTIGATION	35B. CORONER—SIGNATURE AND LICENSE OR TITLE William J. Dukes, Acting Coroner
35C. DATE SIGNED 11-16-80		35D. CORONER'S SIGNATURE Raymond H. Wilford	35E. DEPUTY CORONER'S SIGNATURE
36. DISPOSITION Cremation		37. DATE—MONTH DAY YEAR 11-21-1980	38. NAME AND ADDRESS OF CEMENTARY OR CREMATORY Forest Lawn Crematory 21300 Via Verde Drive, Covina
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Forest Lawn Mortuary/Covina	41. LOCAL REGISTRAR'S SIGNATURE Allyn G. Bridge
42. DATE ACCEPTED BY LOCAL REGISTRAR NOV 19 1980		43. LOCAL REGISTRAR'S SIGNATURE Allyn G. Bridge	44. LOCAL REGISTRAR'S SIGNATURE
STATE REGISTRAR		A. * * * * *	B. * * * * *
VS-11 (10-79)		his must be in red to be a "CERTIFIED COPY"	2520

RIVERSIDE COUNTY HEALTH DEPARTMENT CERTIFICATION

NOV 26 1980

Date of Amendments, if any _____

I hereby certify that this is a true copy of a certificate on file in the Riverside County Health Department, if the certification is in red.

RECEIVED AT REQUEST OF
Christopher J. Miller
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81 MAR 30 AIO: 26

Allyn G. Bridge
Allyn G. Bridge, M.D.
Acting Director of Health & Local Registrar

CERES RECORDS
EUREKA COUNTY NEVADA
WILLIS A. GIBBULT RECORDER
FILE # **80016**
FEE \$ **4.00**

VS 4

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