

80243

AND WHEN RECORDED MAIL TO

Name
Street
Address
City &
State

Andrew L. Zolnay
4536 Longhorn Drive
Carmichael, CA 95603

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

TO 426 CA 112-74

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

A.P.N.

NEVADA
STATE OF ~~XXXXXXXX~~

COUNTY OF Eureka

} ss.

Andrew L. Zolnay, of legal age, being first duly sworn, deposes and says:
That Ottilia M. Zolnay, the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as Ottilia M. Zolnay
named as one of the parties in that certain Grant Deed dated September 15, 1978
executed by George W. Burgess and Hilda A. Burgess
to Andrew L. Zolnay and Ottilia M. Zolnay, husband and wife

as joint tenants, recorded as Instrument No. 68038, on April 13, 1979, in
Book/~~69~~ 69, Page/~~499~~ 499, of Official Records of Eureka
County, ~~California~~ Nevada, covering the following described property situated in the
County of Eureka State of ~~California~~ Nevada:

TOWNSHIP 30 NORTH, RANGE 49 EAST, M.D.B. & M.

Section 15: SW 1/4 of the NE 1/4

EXCEPTING THEREFROM: An easement on all boundaries thereof 30 feet in width for
utility and public road purposes; AND a reservation of 90% of all coal, oil, gas
and other minerals, including the right of entry, as reserved in that certain
deed from Strathearn Cattle Company, a corporation, et al, to Mae Nichols,
dated May 2, 1959, and reservations, restrictions, covenants, easements and
right of way of record.

Together with all tenements, hereditaments and appurtenances, including easements
and water rights, if any, thereto belonging or appertaining, and any reversions,
remainders, rents, issues or profits thereof.

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 \$ 1,500.00

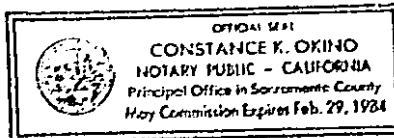
Dated, April 23, 1981

Andrew L. Zolnay
Andrew L. Zolnay

SUBSCRIBED AND SWORN TO before me

this 23rd day of April, 1981

Signature Constance K. Okino



(THE ONLY ORIGINAL COPY)

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Title Order No. _____ Escrow or Loan No. _____

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3400

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST OTTILIA		1B. MIDDLE M.		1C. LAST ZOLNAY		2A. DATE OF DEATH (MONTH, DAY, YEAR) APRIL 3, 1981	
3. SEX Female		4. RACE White		5. ETHNICITY Hungarian		6. DATE OF BIRTH September 2, 1917	
7. AGE 63		8. DATE OF BIRTH		9. NAME AND BIRTHPLACE OF FATHER Sander Erdelyi - HGRY		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Ottilia Ernst - HGRY	
11. COUNTRY OF BIRTH U.S.A.		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE BIRTH NAME) Andrew L. Zolnay	
15. PRIMARY OCCUPATION Nurse		16. NUMBER OF YEARS THIS OCCUPATION 15		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Various		18. KIND OF INDUSTRY OR BUSINESS Medicine	
17A. HOME RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR BOX NO.) 4536 Longhorn Street				19C. CITY OR TOWN Carmichael			
13D. COUNTY Sacramento		19B. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Andrew L. Zolnay (Husband) 4536 Longhorn Street Carmichael, CA 95608			
21A. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		21B. COUNTY SACRAMENTO		21D. CITY OR TOWN 95825			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2025 MORSE AVE., SACRAMENTO, CA.		21D. CITY OR TOWN 95825					
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) CARDIORESPIRATORY ARREST MINS. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, BEING THE RESULT OF: 3 WKS. (B) SEPSIS 2 YRS. BEING THE RESULT OF: 2 YRS. (C) RECURRENT CHOLANGIOCARCINOMA 23. OTHER CONDITIONS CONTRIBUTING (IF NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH) EXPLORATORY LIGAROTOMY OF CHOLECYSTECTOMY, PANCREATITIS, CHOLEDOCHOLITHIASIS & GASTROENTEROSTOMY							
24. WAS DEATH REPORTED TO CORONER? NO							
25. WAS DEATH REPORTED TO POLICE? YES							
26. WAS AUTOPSY PERFORMED? NO							
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CERTIFICATE STATED. 28B. PHYSICIAN'S SIGNATURE AND TITLE R. Cox, MD 28C. DATE OF SIGNATURE 4/6/81 28D. TYPE OF PHYSICIAN'S NAME AND ADDRESS 2025 MORSE AVE., SACRAMENTO, CA. 95825							
29. EFFECTS OF INJURY, IF ANY 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 HOME, DATE AND PLACE STATED FROM THE CERTIFICATE STATED, AS REQUIRED BY LAW IF WIFE HAD AN (IMMEDIATE) INVESTIGATION 35B. CORONER'S SIGNATURE AND OFFICE OR TITLE 35C. DATE SIGNED							
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR April 7, 1981		38. NAME AND ADDRESS OF CEMETERY OR CREMATOR LodiMemCem/5773 E. PineSt/Lodi, Calif.		39. ENCASEMENT—LICENSE NUMBER AND BIRTHPLACE Not embalmed	
40. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Neptune Society - Sacramento				41. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		42. DATE OF FILING OF SOCIAL REGISTRATION APR 6 1981	
STATE REGISTRAR		A.		B.		C.	

THIS IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN THE SACRAMENTO COUNTY DEPARTMENT OF PUBLIC HEALTH, SACRAMENTO, CALIFORNIA.

[Signature]
REGISTRAR

BY: *[Signature]*
DEPUTY REGISTRAR

Registrar of Vital Statistics
Sacramento County, California

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RECORDED AT REQUEST OF
Andrew J. Zolnay
BOOK 94 PAGE 246

61 APR 27 A 8:14

OFFICIAL RECORDS
ESSEX COUNTY, NEVADA
WILLIS A. HERRON, RECORDER
INDEX NO. 80243
FEE \$ 5.00

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