RECORDING REQUESTED BY

MARGARET D. CASE, ESQ.
1120 W. Commonwealth Ave
Fullerton, CA 92633
(714) 879 4595

80889

AND WHEN RECORDED MAIL TO

NAME MARGARET D. CASE, ESQ.
ADDRESS 1120 W. Commonwealth Ave
CITY & STATE Fullerton, CA 92633

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT--DEATH OF JOINT TENANT

Misc.-119

STATE OF CALIFORNIA,
County of ORANGE } ss.

FLORENCE M. STENTON, of legal age, being first duly sworn, deposes and says:
That FRED JOHN STENTON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as FRED J. STENTON named as one of the parties in that certain Grant Deed dated April 4, 1966, executed by MERRIL LOWE and WILMA LOWE, husband and wife, as joint tenants to FRED J. STENTON and FLORENCE M. STENTON, husband and wife, as joint tenants, recorded as Instrument No. 41897, on April 6, 1966, in book 10, page 287, of Official Records of EUREKA COUNTY, STATE OF NEVADA, ~~County, California~~, covering the following described property situated in the County of EUREKA, State of ~~California~~ NEVADA,

All of Section 17, Township 21 North, Range 53 East, M. D. B. & M., together with all water and water rights.

TOGETHER WITH all rights to Irrigation Water Permits Nos. 19200, 19277, and 29268, 29269.

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 May 27, 1981.

Florence M. Stenton
FLORENCE M. STENTON

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 27th day of May, 1981.

Margaret D. Case
MARGARET D. CASE

FOR NOTARY SEAL OR STAMP

OFFICIAL SEAL
MARGARET D. CASE
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
My comm. expires AUG 9, 1982

BOOK 095 PAGE 533

Title Order No. _____ Escrow No. _____

Misc.-119 (GS.) Rev. 12-63 (8 pl.)

I HEREBY CERTIFY THAT IF AFFIXED WITH THE SEAL OF ORANGE COUNTY RECORDER, THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED OR RECORDED IN THIS OFFICE

DATE 5-1-81 FEE $3.00

COUNTY RECORDER · ORANGE COUNTY CALIFORNIA

COUNTY RECORDER

Lee A. Branch

ORANGE COUNTY, STATE OF CALIFORNIA

BK 227 Pg 424

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

3000 02910

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1A. Name of decedent—First	Fred
1B. Middle	John
1C. Last	Stenton
2A. Date of death	April 9, 1979
2B. Hour	1640
3. Sex	Male
4. Race	White
5. Ethnicity	American
6. Date of birth	July 21, 1898
7. Age	80 years
8. Birthplace of decedent	Michigan
9. Name and birthplace of father	George A. Stenton-Michigan
10. Birth name and birthplace of mother	Theresa Wilds-Michigan
11. Citizen of what country	U.S.A.
12. Social Security number	[redacted]
13. Marital status	Married
14. Name of surviving spouse	Florence McCumber
15. Primary occupation	Field Rep.
16. Number of years this occupation	29
17. Employer	Dept. Water & Power
18. Kind of industry or business	Public Utilities

USUAL RESIDENCE

Field	Entry
19A. Usual residence—street address	2200 Ardsheal Drive
19C. City or town	La Habra
19D. County	Orange
19E. State	California
20. Name and address of informant—relationship	Florence M. Stenton (Wife) 2200 Ardsheal Drive La Habra, California

PLACE OF DEATH

Field	Entry
21A. Place of death	La Habra Community Hospital
21B. County	Orange
21C. Street address	1251 W. Lambert Road
21D. City or town	La Habra

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

	Cause	Approximate interval between onset and death
(A) Immediate cause	Acute myocardial infarction	5 minutes
(B) Due to, or as a consequence of	Coronary occlusion, acute	5 minutes
(C) Due to, or as a consequence of	Hypertensive Cardio Vascular Disease with encephalopathy	5 years

24. Was death reported to coroner: no
25. Was biopsy performed: no
26. Was autopsy performed: no

23. Other conditions contributing but not related to the immediate cause of death: Congestive Heart Failure

27. Was operation performed for any condition in items 22 or 23: no

PHYSICIAN'S CERTIFICATION

28A. Attended decedent since: 3-24-79; Last saw decedent alive: 4-9-79

28B. Physician—signature and degree or title: [signature]

28C. Date signed: 4-10-79

28D. Physician's license number: A-11369

28E. Type physician's name and address: R. Fraide, M.D. 1201 W. Lambert Rd., La Habra, Calif. 90631

INJURY INFORMATION

29. Specify accident, suicide, etc. 30. Place of injury 31. Injury at work 32A. Date of injury 32B. Hour 33. Location 34. Describe how injury occurred

CORONER'S USE ONLY

35A. I certify that death occurred at the hour, date and place stated from the causes stated. 35B. Coroner—signature and degree or title 35C. Date signed

36. Disposition	37. Date	38. Name and address of cemetery or crematory	39. Embalmer's license number and signature
Cremation	4/10/1979	Cremar Crematory Anaheim	N/A

40. Name of funeral director	41. Local registrar—signature	42. Date accepted by local registrar
Tolophase Society	[signature]	APR 10 1979

STATE REGISTRAR A. B. C. D. E. F.

VS-11 (5-78)

RECORDED AT REQUEST OF
FRONTIER TITLE COMPANY
BOOK 95 PAGE 533

81 JUN 30 A 9:43

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
WILLIS A. DEPAOLI-RECORDER
FILE NO. 80889
FEE $ 4.00

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