

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

That FRED JOHN STENTON, of legal age, being first duly sworn, deposes and says:
Certificate of Death, is the same person as FRED J. STENTON, the decedent mentioned in the attached certified copy of
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

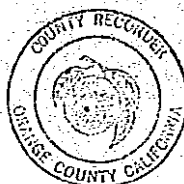


BOOK 095 PAGE 533

Title Order No. Escrow No.

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, STATE OF CALIFORNIA

STATE FILE NUMBER		CERTIFICATE OF DEATH STATE OF CALIFORNIA		BK 227	Pg 424
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST	3000 02910	
Fred		John	Stenton		
2. SEX		3. ETHNICITY	4. DATE OF BIRTH	2A. DATE OF DEATH (MONTH, DAY, YEAR)	
Male		White	American	April 9, 1979	
5. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		6. NAME AND BIRTHPLACE OF FATHER		7. AGE	
Michigan		George A. Stenton-Michigan		80	
8. CITIZENSHIP (IF NOT A CITIZEN)		9. SOCIAL SECURITY NUMBER		10. GIVEN NAME AND BIRTHPLACE OF MOTHER	
U.S.A.				Theresa Wilds-Michigan	
11. PLACE OF DEATH		12. MARRIAGE STATUS		13. NAME OF SPOUSING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
Field Rep.		Married		Florence McCumber	
14. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		15. EMPLOYER (IF EMPLOYED, SO STATE)		16. KIND OF BUSINESS OR BUSINESS	
2200 Ardsheal Drive		Dept. Water & Power		Public Utilities	
17. COUNTY		18. CITY OR TOWN		19. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Orange		California		Florence M. Stenton (Wife)	
20. PLACE OF DEATH		21. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		22. CITY OR TOWN	
La Habra Community Hospital		2200 Ardsheal Drive		La Habra, California	
23. DEATH WAS CAUSED BY:		24. IMMEDIATE CAUSE		25. WAS DEATH REPORTED TO CORONER?	
(A) <u>Cardiovascular Disease</u>		(B) <u>Coronary Occlusion, aorta</u>		no	
(C) <u>Myocardial Infarction</u>		(D) <u>Myocardial Infarction</u>		26. WAS DEATH REPORTED TO CORONER?	
27. OTHER CONDITIONS CONTRIBUTING TO DEATH (IF ANY, LIST THEM)		28. TYPE OF DEATH (NATURAL, SUICIDE, ACCIDENT, HOMICIDE, UNDETERMINED)		no	
Congestive Heart Failure		Natural		29. WAS DEATH REPORTED TO CORONER?	
30. PHYSICIAN'S CERTIFICATION		31. DATE OF DEATH		32. TYPE OF DEATH	
3-24-79		4-9-79		Natural	
33. PHYSICIAN'S NAME AND ADDRESS		34. TYPE OF DEATH		35. DATE OF DEATH	
R. Fraide, M.D. 1201 W. Lambert Rd., La Habra, Calif. 90631		Natural		4-10-79	
36. INJURY INFORMATION—CORONER'S USE ONLY		37. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		38. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
		2200 Ardsheal Drive			
39. CREMATION		40. NAME OF FUNERAL HOME (IF PERSON ACTING AS FUNERAL HOME)		41. DATE OF DEATH	
Cremation		Cremar Crematory, Anaheim		4-10-79	
42. STATE REGISTRAR		43. DATE OF DEATH		44. DATE OF DEATH	
A. Tolophane Society		B. 4-10-79		C. 4-10-79	

RECORDED AT REQUEST OF
FRONTIER TITLE COMPANY
BOOK 95 PAGE 533

81 JUN 30 A 9:43

OFFICIAL RECORDS
ORANGE COUNTY, CALIFORNIA
WILLIS A. DEAN, RECORDER
FILE NO. 80889
FEE \$ 4.00

BOOK 95 PAGE 534