

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

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 Quitclaim Deed dated February 23, 1978, executed by MARSHALL J. STENTON, NEIL D. STENTON, and NANCY J. STENTON, to FRED J. STENTON and FLORENCE M. STENTON, husband and wife, as joint tenants, recorded as Instrument No. 64746, on March 16, 1978, in book 63, page 60, of Official Records of EUREKA COUNTY, STATE OF NEVADA, ~~XXXXX, XXXXXX~~, covering the following described property situated in the County of EUREKA, State of ~~California~~ NEVADA,

11397-80

South 1/2 of Section 17, Township 21 North,
Range 53 East, M. D. B. & M., together with
Water Permit #19277 and Permit #29269 issued
by the Nevada State Engineer's Office.

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

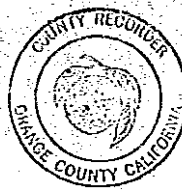
FOR NOTARY SEAL OR STAMP



BOOK 95 PAGE 35

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.



COUNTY RECORDER

Lee A. Branch

ORANGE COUNTY, STATE OF CALIFORNIA

DATE 5-1-81 FEE \$3.00

BK 227

Pg 424

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3000 02910

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		Fred		John		Stenton		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
		Male		White		American		2B. HOUR	
DECEDENT PERSONAL DATA		3. ETHNICITY		4. DATE OF BIRTH		5. SEX		6. AGE	
		Michigan		July 21, 1898		80		7. MONTHS	
		U.S.A.		George A. Stenton-Michigan		Married		8. DAYS	
		Field Rep.		29		Dept. Water & Power		9. IF DEATH OCCURRED IN HOME	
USUAL RESIDENCE		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OF LOCATION)		19B. CITY OF TOWN		19C. STATE		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
		2200 Ardsheal Drive		Orange		California		Theresa Wilds-Michigan	
		21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OF TOWN		11. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIAGE NAME)	
		La Habra Community Hospital		Orange		La Habra, California		Florence McCumber	
		1251 W Lambert Road		La Habra		La Habra		12. NAME OF SURVIVING SPOUSE (IF HUSBAND, ENTER MARRIAGE NAME)	
PLACE OF DEATH		22. DEATH WAS CAUSED BY:		23. OTHER CONDITIONS CONTRIBUTING TO DEATH		24. WAS DEATH REPORTED TO CORONER?		25. WASopsy PERFORMED?	
		IMMEDIATE CAUSE		(A) <i>Coronary artery disease</i>		no		no	
		CAUSE OF DEATH		(B) <i>Coronary occlusion, acute</i>		no		no	
				(C) <i>Myocardial infarction</i>		no		no	
				<i>Coronary Heart Disease</i>		no		no	
PHYSICIAN'S CERTIFICATION		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE		28B. PHYSICIAN—SIGNATURE AND REGISTERED TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
		3-24-79		4-9-79		4-10-79		A-11369	
		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY BY WEAPON		32A. DATE OF INJURY—MONTH, DAY, YEAR	
								32B. HOUR	
CORONER'S USE ONLY		33. EDUCATION (STREET AND NUMBER OF LOCATION AND CITY OF TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. CORONER—SIGNATURE AND REGISTERED TITLE		35C. DATE SIGNED	
36. BURIAL		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATOR		39. ENVELOPE'S LICENSE NUMBER AND SIGNATURE		40. DATE RECEIVED BY COUNTY REGISTRAR	
Cremation		4/10/1979		Crematorium Anaheim		N/A		APR 10 1979	
STATE REGISTRAR		41. NAME OF HOSPITAL DISTRICT AND PERSON ACTION, ADDRESS		42. SIGNATURE OF REGISTRAR		43. SIGNATURE OF REGISTRAR		44. SIGNATURE OF REGISTRAR	
		Tolophase Society		<i>Christine Kelly</i>		<i>Christine Kelly</i>		<i>Christine Kelly</i>	

RECORDED AT REQUEST OF
FRONTIER TITLE COMPANY
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81 JUN 30 A 9:43

OFFICIAL RECORDS
EUREKA COUNTY, CALIFORNIA
WILLIS A. DEPT. OF HEALTH
80890
TEL: 400