

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

80891

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 June 25, 1979,
executed by FREDERICK G. STENTON
to FRED J. STENTON and FLORENCE M. STENTON,
as joint tenants, recorded as Instrument No. 68653, on July 3, 1979, in
book 71, page 203, of Official Records of EUREKA COUNTY, STATE OF NEVADA,
County of EUREKA, covering the following described property situated in the
County of EUREKA, State of ~~California~~ NEVADA,

South Half of Section 17, Township 21 North,
Range 53 East, M. D. B. & M., together with all
water rights under Irrigation Water Permits Nos.
19277 and 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

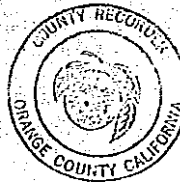


BOOK 95 PAGE 37

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

Lee A. Branch

ORANGE COUNTY, STATE OF CALIFORNIA

BK 227

Pg 424

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3000 02910

STATE FILE NUMBER		14. NAME OF DECEDENT—FIRST		18. MIDDLE	1C. LAST	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		Fred		John	Stenton	2A. DATE OF DEATH (MONTH, DAY, YEAR)	
3. SEX		A. RACE		B. ETHNICITY		2B. HOUR	
Male		White		American		April 9, 1979	
D. DISTRICT OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		E. DATE OF BIRTH		7. AGE	
Michigan		George A. Stenton-Michigan		July 21, 1898		80	
11. COUNTRY OF BIRTH		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		IF NUMBER OF YEARS MONTHS DAYS	
U.S.A.				Married		IF NUMBER OF YEARS MONTHS DAYS	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYED (IF SELF-SUPPLIED, SO STATE)		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Field Rep.		29		Dept. Water & Power		Theresa Wilda-Michigan	
18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		18B. CITY OF BIRTH		18C. CITY OF DEATH		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH DATE)	
2200 Ardsheal Drive		La Habra		La Habra		Florence McCumber	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		18. KIND OF OCCUPATION OR BUSINESS	
Orange		California		Florence M. Stenton (Wife)		Public Utilities	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19C. CITY OF BIRTH	
La Habra Community Hospital		Orange		2200 Ardsheal Drive		La Habra, California	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OF DEATH		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		24. WAS DEATH REPORTED TO CORONER?	
1251 W Lambert Road		La Habra		(A) <i>Cerebral hypoxemia & anoxia</i>		no	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		23. DISEASE CONDITIONS CONTRIBUTING (IF NOT RELATED TO THE IMMEDIATE CAUSE)		(B) <i>Coronary occlusion, acute</i>		25. WAS MURDER PERFORMED?	
		<i>Coronary Heart Failure</i>		(C) <i>Myocardial infarction</i>		no	
24. CONDITIONS, IF ANY, WHICH CAME INTO PLAY IN THE IMMEDIATE CAUSE, LEADING TO THE ABOVE LISTED CAUSE		25. TYPE OF DEATH		26. WAS DEATH REPORTED TO CORONER?		27. WAS DEATH REPORTED FOR ANY CONDITION PREVIOUS TO DEATH?	
		Natural		no		no	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE AND THAT THE DECEASED WAS THE PERSON WHOSE NAME IS ENTERED ON THIS CERTIFICATE		28B. PHYSICIAN—SIGNATURE AND LICENSE NUMBER		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
		<i>R. Fraide, M.D.</i>		4-10-79		A-11269	
28E. TYPE PRACTICE & HOME AND ADDRESS		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT HOME	
R. Fraide, M.D. 1201 W. Lambert Rd., La Habra, Calif. 90631						32A. DATE OF INJURY—MONTH, DAY, YEAR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		33. DESCRIBE HOW INJURY OCCURRED (STRESS WHICH REFERRED TO IN TEXT)		34. COUNTY—SIGNATURE AND OFFICE OR TITLE		35. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH DAY YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATOR		39. EMPLOYER'S NAME AND ADDRESS (FOR SIGNATURE)	
Cremation 4/10/1979		4/10/1979		Cremar Crematory Anaheim		N/A	
40. NAME OF FUNERAL HOME OR PERSON RELYING ON FUNERALS		41. STATE REGISTERAR		42. DATE ACCEPTED AT LOCAL REGISTRATION		43. SIGNATURE OF LOCAL REGISTRATION	
Telophase Society		A. B. C. D. E. F.		APR 10 1979		<i>Christine Kelly</i>	

RECORDED AT REQUEST OF
FRONTIER TITLE COMPANY
BOOK 95 PAGE 337

81 JUN 30 A 9:43

OFFICIAL RECORDS
EUREKA COUNTY, CALIFORNIA
WILLIS A. CROFT, RECORDER
FILE NO. 80891
FEE \$ 4.00

BOOK 095 PAGE 538