

RECORDING REQUESTED BY  
George Hinoki  
Nakahara, Hinoki &  
Hikoyeda, Inc.

AND WHEN RECORDED MAIL TO

Name: George Hinoki  
Street Address: Nakahara, Hinoki & Hikoyeda, Inc.  
City & State: 90 East Taylor Street San Jose, CA 95112

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO

Name: Mrs. Mary Montgomery  
Street Address: 622 North Clover Avenue  
City & State: San Jose, CA 95129

### Affidavit - Death of Joint Tenant

AJT 873 GE

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

STATE OF CALIFORNIA.

COUNTY OF Santa Clara } ss.

MARY A. MONTGOMERY of legal age, being first duly sworn, deposes and says:  
That WILBUR CALBB MONTGOMERY the decedent mentioned in the attached certified copy of  
Certificate of Death is the same person as WILBUR C. MONTGOMERY  
named as one of the parties in that certain Deed dated May 13, 1968  
executed by Shirley H. Aguirre, Nevada Title Guaranty Company  
to Wilbur C. Montgomery and Mary A. Montgomery  
as joint tenants, recorded as Instrument No. 46928 on May 23, 1968 in  
book 24 page 136 of Official Records of Eureka  
County, ~~XXXXXX~~ covering the following described property situated in the  
County of Eureka State of ~~XXXXXX~~ Nevada:

TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B.&M.  
Section 33: N 1/2 of SW 1/4 of NE 1/4

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 \$ \_\_\_\_\_

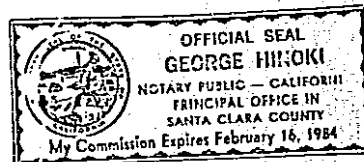
Dated June 1, 1981

Mary A. Montgomery

SUBSCRIBED AND SWORN TO before me

this 1st day of June 1981

George Hinoki  
GEORGE HINOKI  
Name (Type or Printed)



(This area for official notary seal)

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Title Order No. \_\_\_\_\_ File, Escrow or Loan No. \_\_\_\_\_

MAIL TAX STATEMENTS AS DIRECTED ABOVE

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

4300-00995

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE  
 BY: *Lois Helen Vana*  
 DEPUTY REGISTRAR OF VITAL STATISTICS  
 SANTA CLARA COUNTY HEALTH DEPARTMENT  
 SAN JOSE, CALIFORNIA  
 March 10, 1981  
 CERTIFICATION FEE: \$3.00

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST <b>William</b>		1B. MIDDLE <b>Caleb</b>	1C. LAST <b>Montgomery</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>Feb. 6, 1981</b>
2. SEX <b>M</b>	4. RACE <b>Cauc.</b>	5. ETHNICITY <b>American</b>	6. DATE OF BIRTH <b>Oct. 19, 1921</b>		7. AGE <b>59</b>
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>Colorado</b>			9. NAME AND BIRTHPLACE OF FATHER <b>Lester S. Montgomery Missouri</b>		10. MOTHER'S NAME AND BIRTHPLACE OF MOTHER <b>Lou Perdieu Kansas</b>
11. CITIZENSHIP OF THIS COUNTRY <b>U.S.A.</b>			12. SOCIAL SECURITY NUMBER [REDACTED]	13. MARITAL STATUS <b>Married</b>	14. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE SIXTH NAME) <b>Mary Furtado</b>
15. PRESENT OCCUPATION <b>Cost Analyst</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>31</b>	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>General Electric</b>		18. NAME OF INDUSTRY OR BUSINESS <b>Electronics</b>
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>622 N. Clover Avenue</b>			19B. CITY OR TOWN <b>San Jose</b>		19C. STATE <b>CA</b>
19D. COUNTY <b>Santa Clara</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Mary Montgomery—Wife</b>		21. PLACE OF DEATH <b>Resident</b>	
21A. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>622 N. Clover</b>		21B. CITY OR TOWN <b>San Jose</b>		21C. STATE <b>CA</b>	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <b>Respiratory Failure</b> CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE: (B) <b>Complications of the Lungs</b> 23. OTHER CAUSE CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <b>none</b>					
24. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CORNER STATES. <b>8/14/80</b> <b>2/4/81</b>		25. PHYSICIAN—SIGNATURE AND ADDRESS OR TITLE <i>E. Cahn</i> <b>Edward L. Cahn, M.D., 281-E. Hamilton Ave., Campbell</b>		26. TYPE PHYSICIAN'S NAME AND ADDRESS <b>281-E. Hamilton Ave., Campbell</b>	
27. DATE—MONTH, DAY, YEAR <b>2-9-81</b>		28. NAME AND ADDRESS OF CORONER OR CREMATOR <b>Oak Hill Memorial Park, San Jose</b>		29. CHALUPEL'S LICENSE NUMBER AND SIGNATURE <i>Mary Furtado</i> <b>6384</b>	
30. NAME OF FUNERAL DIRECTOR AND PERSON ACTING AS AGENT <b>Lima Family Santa Clara</b>		41. LOCAL HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>FEB 6 1981</b>	
STATE REGISTRAR	A.	B.	C.	D.	E.

RECORDED AT REQUEST OF  
TITLE INSURANCE & TRUST CO.  
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81 DEC 14 A 8: 27

OFFICE RECORDS  
EUREKA COUNTY, NEVADA  
WILLIS A. DEPAOLI, RECORDER  
FILE NO. 82578  
FEE \$5.00

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