

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 95128

### 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 Caleb 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~~ Nevada covering the following described property situated in the  
County of Eureka, State of ~~XXXXXX~~ Nevada:

Lot 3 in Block 14, as shown on the plat of  
CRESCENT VALLEY RANCH & FARMS, UNIT NO. 1,  
filed in the office of the County Recorder  
of Eureka County, Nevada, on April 6, 1959

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 4, 1981 Mary A. Montgomery

SUBSCRIBED AND SWORN TO before me

this 1st day of June, 1981

Signature: George Hinoki  
Name (Typed or Printed): GEORGE HINOKI



(This area for official notarial seal)

Title Order No. \_\_\_\_\_ File Escrow or Loan No. BOOK 99 PAGE 472

MAIL TAX STATEMENTS AS DIRECTED ABOVE

**CERTIFICATE OF DEATH** 4300-00995  
STATE OF CALIFORNIA

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

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST <u>William</u>		1B. MIDDLE <u>Calah</u>	1C. LAST <u>Montgomery</u>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <u>Feb. 6, 1981</u>
2. SEX <u>M</u>		4. RACE <u>Cauc.</u>	5. ETHNICITY <u>American</u>	6. DATE OF BIRTH <u>Oct. 19, 1921</u>	7. AGE <u>59</u>
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <u>Colorado</u>		9. NAME AND BIRTHPLACE OF FATHER <u>Lester S. Montgomery / Missouri</u>		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <u>Low Pardin / Kansas</u>	
11. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		12. SOCIAL SECURITY NUMBER <u>[REDACTED]</u>	13. MARITAL STATUS <u>Married</u>	14. NAME OF SURVIVING SPOUSE (IF ANY) (SEE BIRTH RECORD) <u>Mary Furtado</u>	
15. PRIMARY OCCUPATION <u>Cost Analyst</u>		16. NUMBER OF YEARS THIS OCCUPATION <u>31</u>	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <u>General Electric</u>	18. KIND OF INDUSTRY OR BUSINESS <u>Electronics</u>	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <u>622 N. Clover Avenue</u>			19B. <u>505860</u>	19C. CITY OR TOWN <u>San Jose</u>	
19D. COUNTY <u>Santa Clara</u>		19E. STATE <u>CA</u>	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <u>Mary Montgomery - wife</u> <u>622 N. Clover Avenue</u> <u>X San Jose, Ca. 95128</u>		
21A. PLACE OF DEATH <u>Resident</u>		21B. COUNTY <u>Santa Clara</u>	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <u>622 N. Clover</u>		
21D. CITY OR TOWN <u>San Jose</u>					
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE					
(A) <u>Respiratory Failure</u>		WAS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER?	
(B) <u>CANCER OF THE LUNG</u>		WAS	2-480	25. WAS DEATH REPORTED TO CORONER?	
(C)				26. WAS DEATH REPORTED TO CORONER?	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <u>none</u>					
27. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATE.		28A. PHYSICIAN—COUNTY AND LICENSE OR TITLE <u>Ed Cann</u>	28B. DATE <u>2/4/81</u>	28C. PHYSICIAN'S LICENSE NUMBER <u>60712</u>	28D. PHYSICIAN'S SIGNATURE <u>[Signature]</u>
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	31. INITIAL OF DEATH	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			34. DESCRIPTIVE HOW/WHEN OCCURRED	35. STATE WHICH RESULTED IN INJURY	
36A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATE. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-IMP. SITUATION)			36B. CORONER—COUNTY AND LICENSE OR TITLE	36C. DATE SIGNED	
37. DATE—MONTH, DAY, YEAR <u>2-9-81</u>		38. NAME AND ADDRESS OF CORONER OR REGISTRAR <u>Oak Hill Memorial Park San Jose</u>	39. CORONER'S LICENSE NUMBER AND SIGNATURE <u>[Signature]</u>	40. DATE ACCEPTED BY LOCAL REGISTRAR <u>FEB 6 1981</u>	
41. NAME OF FUNERAL DIRECTOR AND PERSON ACTING AS SUCH: <u>Lima Family Santa Clara</u>					
STATE REGISTRAR		A.	B.	C.	D.

RECORDED AT REQUEST OF  
TITLE INSURANCE & TRUST CO.  
BOOK 99 PAGE 472

81 DEC 14 A 8:27

OFFICIAL RECORDS  
EUREKA COUNTY, NEVADA  
WILLIS A. DEPAULI, RECORDER  
FILE NO. 82579  
FEE \$ 5.00