

RECORDING REQUESTED BY

M. LaVerne Vann

AND WHEN RECORDED MAIL TO

Name Mrs M. LaVerne Vann

Street Address 9800 Baseline Sp. 13

City & State Alta Loma, Ca. 91701

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

### AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

County of San Bernardino } s.

M. LaVerne Vann

That John L. Vann

of legal age, being duly sworn, deposes and says: the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John L. Vann

named as one of the parties in that certain Joint Tenancy Deed dated February 9, 1965 executed by Crescent Valley Ranch & Farms

to John L. Vann and M. LaVerne Vann

as joint tenants, recorded as Instrument No. 40650 on February 9, 1965 in

Book 6, Page 520, of Official Records of County of Eureka, State of Nevada

~~County of Eureka, State of Nevada~~, covering the following described property situated in the Crescent Valley

~~County of Eureka, State of Nevada~~ County of Eureka, State of ~~Nevada~~

The Northwest quarter of the Southeast quarter of Section 27, Township 30 North, Range 48 East, M.D.B.M., as per Government Survey.

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 \$ 1,456.00

Dated March 18, 1982

M. LaVerne Vann

#### VERIFICATION

I, the undersigned, say: I am the Surviving Tenant the Declarant of the foregoing  
(Surviving Tenant or Agent)

Affidavit; I have read the foregoing and know the contents thereof; the same is true of my own knowledge.

I declare under penalty of perjury that the foregoing is true and correct.

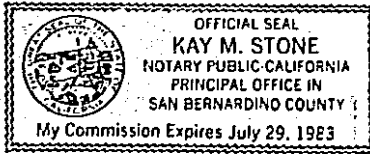
Executed on March 18, 1982, at Alta Loma, California.  
(Date of signature.) (City where signed.)

M. LaVerne Vann  
(Personal signature of the individual who is swearing that the contents of the Affidavit are true.)

On March 18, 1982 before me, the undersigned, a Notary Public in and for said State, personally appeared M. LaVerne Vann known to me to be the person(s) whose name(s) is subscribed to the within Instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

(Seal)



*Kay M Stone*  
(Notary Public's Signature)

023200 12-78\* 28 PB Individual Notarial Acknowledgment

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

STATE FILE NUMBER			SOCIAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST <b>John</b>		1B. MIDDLE <b>Litney</b>		1C. LAST <b>Vann</b>	
2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>February 20, 1982</b>		2B. HOUR <b>1205</b>			
3. SEX <b>Male</b>	4. RACE <b>White</b>	5. ETHNICITY	6. DATE OF BIRTH <b>April 28, 1899</b>		7. AGE <b>82</b>
8. BIRTHPLACE OF DECEDENT (STATE OF FOREIGN COUNTRY) <b>Indiana</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Riley Day Vann - Indiana</b>		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Charlotta Yoder - Unknown</b>	
11. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		12. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		13. MARITAL STATUS <b>Married</b>	
15. PRIMARY OCCUPATION <b>Engineer</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>25</b>	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Shell Oil Company</b>		18. KIND OF INDUSTRY OR BUSINESS <b>Oil Company</b>
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OF LOCATION) <b>9800 Baseline, Space 13</b>			19B. COUNTY <b>San Bernardino</b>	19C. CITY OR TOWN <b>Alta Loma</b>	
21A. PLACE OF DEATH <b>Pomona Valley Comm. Hospital</b>		21B. COUNTY <b>Los Angeles</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Mrs. La Verne Vann - Wife</b>	
21C. STREET ADDRESS (STREET AND NUMBER OF LOCATION) <b>1798 North Garey Avenue</b>		21D. CITY OR TOWN <b>Pomona</b>		21E. ADDRESS <b>9800 Baseline Road, Space 13</b>	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE MANNER, DATES AND LAST (A) <b>Cardiac arrest</b> USE TO, OR AS A CONSEQUENCE OF (B) <b>Coronary Arteriosclerotic Heart Dis 5 yrs.</b> DUE TO, OR AS A CONSEQUENCE OF (C) <b>Generalized Arteriosclerosis 10 yrs.</b> 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO IMMEDIATE CAUSE OF DEATH <b>Chronic Brain Syndrome - Hypostatic</b>			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <b>NO</b>		24. WAS ORGASM REPORTED TO SURVIVOR? <b>NO</b>
25. SPECIFY ACCIDENT, VEHICLE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
33. LOCATION (STREET AND NUMBER OF LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		32A. DATE OF INJURY—MONTH, DAY, YEAR	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE(S) STATED, AS REQUIRED BY LAW 1 HAD BEEN IN (INQUEST INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE <b>E. W. HAUCH, M.D.</b>		35C. DATE SIGNED <b>2-22-82</b>	
36. DISPOSITION <b>Burial</b>		37. DATE—MONTH, DAY, YEAR <b>2-23-1982</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORIUM <b>Forest Lawn Memorial Park, 29300 Via Verde Drive, Covina</b>	
40. NAME OF FUNERAL DIRECTOR AND PHONE OFFICE AS NOTED <b>Forest Lawn Mortuary/Covina, 1150</b>		41. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		39. UNDERTAKER'S LICENSE NUMBER AND SIGNATURE <b>3773, Sidney M. Dowell</b>	
42. DATE SIGNED <b>FEB 23 1982</b>		43. SIGNATURE OF UNDERTAKER <i>[Signature]</i>		44. DATE SIGNED <b>FEB 23 1982</b>	
STATE REGISTRAR		A.		B.	
C.		D.		E.	
F.		G.		H.	

VS-11 (10-78)

RECORDED AT REQUEST OF  
M. LaVerne Vann  
BOOK 101 - PAGE 540

82 MAR 23 AM 11:53

OFFICIAL RECORDS  
EUREKA COUNTY, CALIFORNIA  
WELLS A. DIFABIO, RECORDER  
EUREKA, CALIF. 95501  
FEE \$ 5.00

RECEIVED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BECAME THIS DEATH IN PEOPLE INC.  
FEB 23 1982  
FEB 23 1982  
FEB 23 1982

BOOK 101 PAGE 541

01-9-1-0630