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 } ss.

M. LaVerne Vann, of legal age, being duly sworn, deposes and says:

That John L. Vann, 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 ~~XXXXXXXXXXX~~, covering the following described property situated in the Crescent Valley County of Eureka, State of ~~XXXXXX~~ 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 (Surviving Tenant or Agent) the Declarant of the foregoing 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 (Date of signature.), 19 82, at Alta Loma (City where signed.), California.

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

AFFIDAVIT - DEATH OF JOINT TENANT
WOLCOTTS FORM 300 - REVISED 4-73

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

BOOK 181 PAGE 540

COPY

STATE OF CALIFORNIA, SS.
COUNTY OF San Bernardino

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)

OFFICIAL SEAL
KAY M. STONE
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SAN BERNARDINO COUNTY
My Commission Expires July 29, 1983

Kay M Stone
(Notary Public's Signature)

023200 12-78* 28 PS Individual Notarial Acknowledgment

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. Name of Decedent—First	1B. Middle	1C. Last	2A. Date of Death (Month, Day, Year)	2B. Hour
John	Litney	Vann	February 20, 1982	1205

3. Sex	4. Race	5. Ethnicity	6. Date of Birth	7. Age
Male	White		April 28, 1899	82 years

8. Birthplace of Decedent (State or Foreign Country): Indiana
9. Name and Birthplace of Father: Riley Day Vann - Indiana
10. Birth Name and Birthplace of Mother: Charlotta Yoder - Unknown
11. Citizen of What Country: U.S.A.
12. Social Security Number: [redacted]
13. Marital Status: Married
14. Name of Surviving Spouse (If Wife, Enter Birth Name): M. La Verne McPherson
15. Primary Occupation: Engineer
16. Number of Years This Occupation: 25
17. Employer (If Self-Employed, So State): Shell Oil Company
18. Kind of Industry or Business: Oil Company

USUAL RESIDENCE

19A. Usual Residence—Street Address (Street and Number or Location): 9800 Baseline, Space 13
19B.
19C. City or Town: Alta Loma
19D. County: San Bernardino
19E. State: California
20. Name and Address of Informant—Relationship: Mrs. La Verne Vann - Wife, 9800 Baseline Road, Space 13, Alta Loma, CA 91701

PLACE OF DEATH

21A. Place of Death: Pomona Valley Comm. Hospital
21B. County: Los Angeles
21C. Street Address (Street and Number or Location): 1798 North Garey Avenue
21D. City or Town: Pomona

CAUSE OF DEATH

22. Death Was Caused By: (Enter Only One Cause Per Line for A, B, and C)
Immediate Cause (A) Cardiac arrest
Due to, or as a consequence of (B) Coronary Arteriosclerotic Heart Dis 5 yrs.
Due to, or as a consequence of (C) Generalized Arteriosclerosis 10 yrs.
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last
Approximate Interval Between Onset and Death
23. Other Conditions Contributing But Not Related to the Immediate Cause of Death: Chronic Brain Syndrome. Hypostatic Pneumonia
24. Was Death Referred to Coroner? No
25. Was Biopsy Performed? NO
26. Was Autopsy Performed? NO
27. Was Operation Performed for Any Condition in Items 22 or 23? Type of Operation: NO Date:

PHYSICIAN'S CERTIFICATION

28A. I Certify That Death Occurred at the Hour, Date and Place Stated from the Causes Stated. I Attended Decedent Since (Enter No. Mo. Yr.): 1964. I Last Saw Decedent Alive (Enter No. Mo. Yr.): 2-20-82
28B. Physician—Signature and Degree or Title: E.W. Hauch, M.D.
28C. Date Signed: 2-22-82
28D. Physician's License Number: G1242
28E. Type Physician's Name and Address: E.W. Hauch, M.D. 184 Nemaha St. Pomona 91767

INJURY INFORMATION

29. Specify Accident, Suicide, Etc.
30. Place of Injury
31. Injury at Work
32A. Date of Injury—Month, Day, Year
32B. Hour
33. Location (Street and Number or Location and City or Town)
34. Describe How Injury Occurred (Events which Resulted in Injury)

CORONER'S USE ONLY

35A. I Certify That Death Occurred at the Hour, Date and Place Stated from the Causes Stated, as Required by Law I Have Held an Inquest/Investigation.
35B. Coroner—Signature and Degree or Title
35C. Date Signed

36. Disposition: Burial
37. Date—Month, Day, Year: 2-23-1982
38. Name and Address of Cemetery or Crematory: Forest Lawn Memorial Park 21300 Via Verde Drive, Covina
39. Funeral Director's License Number and Signature: 3773, Sidney McDowell
40. Name of Funeral Director and Person Office as Agent: Forest Lawn Mortuary/Covina, 1150
41. [signature]
42. Date Accepted for Registration: FEB 23 1982

STATE REGISTRAR

A. | B. | C. | D. | E. | F.

VS-11 (10-79)

01-9-1-6630

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

82 MAR 23 A11:53

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
WELLS A. DEPAOLI - RECORDER
FILE NO. 83018
FEE $5.00

THIS IS A TRUE AND CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

FEB 23 1982

FEE $2.00

Director of Health Services and Registrar

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