

RECORDING REQUESTED BY: McCoigan and Vanni
WHEN RECORDED RETURN TO:
Betty J. Shinn
2320 Blackmore Drive
Glendale, CA 91206

84063

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
) ss.
COUNTY OF LOS ANGELES)

I, ELIZABETH JANE SHINN, being first duly sworn,
deposes and says:

1. That I am the widow of CLARK DAVID SHINN,
the decedent joint tenant herein.

2. A joint tenancy was created between us on
June 15, 1965, in connection with the purchase of real
property in Eureka County, Nevada. The purchase was
evidenced by the delivery of a Joint Tenancy Deed
recorded on June 22, 1965, as document No. 40940, in
Book 7, of Official Records, Page 480, records of
Eureka County, Nevada.

3. The real property consists of approximately
five (5) acres of undeveloped land and is legally described
as:

Lot 8 of Block 12 of CRESCENT VALLEY
RANCH & FARMS, UNIT NO. 4, as per map
recorded in said County as File No.
34552.

4. My husband died on November 23, 1981, at
Glendale, California. A certified copy of the Certifi-
cate of Death is attached hereto as Exhibit "A".

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I declare under penalty of perjury that the foregoing is true and correct and that this Affidavit was executed on April 1, 1982, at Pasadena, California.

Elizabeth J. Shinn
ELIZABETH JANE SHINN

STATE OF CALIFORNIA)
) ss.
COUNTY OF LOS ANGELES)

On April 1, 1982, before me, the undersigned, a Notary Public in and for said State, personally appeared ELIZABETH JANE SHINN, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.



Karin A. Stevens
KARIN A. STEVENS
Notary Public


CERTIFICATE OF DEATH
STATE OF CALIFORNIA

| STATE FILE NUMBER | | | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | | | | | |
|--|-------------------------|---|---|---|--|---|--|---|--|
| 1A. NAME OF DECEDENT—FIRST Clark | | 1B. MIDDLE David | | 1C. LAST Shinn | | 2A. DATE OF DEATH (MONTH, DAY, YEAR) November 23, 1981 | | 2B. HOUR 2035 | |
| 3. SEX Male | 4. RACE Cauc. | 5. ETHNICITY American | | 6. DATE OF BIRTH May 21, 1919 | | 7. AGE 62 YEARS | | IF UNDER 1 YEAR MONTHS DAYS IF EXCEED 24 HOURS HOURS MINUTES | |
| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Illinois | | | 9. NAME AND BIRTHPLACE OF FATHER William E. Shinn - Penn. | | | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER Grace E. Clark - Canada | | | |
| 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) Elizabeth J. Early | | | |
| 15. PRIMARY OCCUPATION Mechanic Chief Auto | | 16. NO. YEARS THIS OCCUPATION 40yrs. | | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Glendale Unif. School Dist. | | 18. KIND OF INDUSTRY OR BUSINESS Education | | | |
| 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2320 Blackmore Drive | | | | 19B. Glendale | | 19C. CITY OR TOWN Glendale | | | |
| 19D. COUNTY Los Angeles | | 19E. STATE Calif. | | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mrs. Elizabeth J. Shinn - Wife (Same as 19a) | | | | | |
| 21A. PLACE OF DEATH Memorial Hospital of Glendale | | 21B. COUNTY Los Angeles | | 21C. CITY OR TOWN Glendale | | | | | |
| 21D. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1420 So. Central Avenue | | 21E. CITY OR TOWN Glendale | | | | | | | |
| 22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE WHOSE, TYPE, CAUSE LAST. (A) METASTATIC CARCINOMA OF THE LUNG, 2 DAYS (B) (C) | | | | | | | | | |
| 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH SEVERE DEHYDRATION | | | | | | | | | |
| 24. WAS BICYCLE REGISTERED TO DECEDENT? NO | | | | | | | | | |
| 25. WAS BICYCLE SEIZED? YES | | | | | | | | | |
| 26. WAS AUTOPSY PERFORMED? NO | | | | | | | | | |
| 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NO | | | | | | | | | |
| 28A. I CERTIFY THAT DEATH OCCURRED AT THE MONTH, DATE AND PLACE STATED FROM THE CAUSE STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) | | 28B. PHYSICIAN'S SIGNATURE AND REG. NO. S.V. ARATHURAI MD. 11/26/81 | | 28C. DATE SIGNED 11/26/81 | | 28D. PHYSICIAN'S LICENSE NUMBER A33601 | | | |
| 29. SPECIFY ACCIDENT, SUICIDE, ETC. | | 30. PLACE OF INJURY | | 31. EMPLOYER AT WORK | | 32A. DATE OF INJURY—MONTH, DAY, YEAR | | 32B. HOUR | |
| 33. LOCATION (STREET AND NUMBER OF LOCATION AND CITY OR TOWN) | | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): | | | | | | | |
| 35A. I CERTIFY THAT DEATH OCCURRED AT THE MONTH, DATE AND PLACE STATED FROM THE CAUSE STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION) | | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE [Signature] | | | | 35C. DATE SIGNED | | | |
| 36. DISPOSITION Cremation | | 37. DATE—MONTH, DAY, YEAR 12-01-81 | | 38. NAME AND ADDRESS OF CEMETERY OR CORONER Angeles Abbey Crem.-1515 E. Compton Blvd. Compton, Calif. | | 39. CHALLANGER'S LICENSE NUMBER AND SIGNATURE Unembalmed | | | |
| 40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) The Neptune Society | | | | 41. LOCAL REGISTRY [Signature] | | 42. DATE ACCEPTED BY LOCAL REGISTRY NOV 30 1981 | | | |
| STATE REGISTRAR | | A. | | B. | | C. | | D. | |

VS-11 (10-78)

RECORDED AT REQUEST OF
McColegan & Yanni
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THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.


DEC 01 1981 FEE \$3.00
[Signature]
 Director of Health Services and Registrar

82 APR 6 11:53

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
WILLIS A. DEPAULI-RECORDER
FILE NO. **84063**
FEE \$ **6.00**

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