

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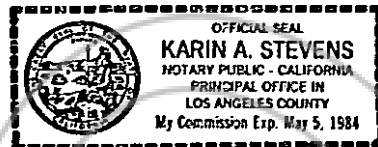
I declare under penalty of perjury that the foregoing is true and correct and that this Affidavit was executed on April 1, 1982, at Pasadena, California.

*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.



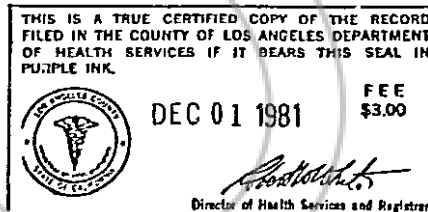
*Karin A. Stevens*  
KARIN A. STEVENS  
Notary Public

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST <b>Clark</b>		1B. MIDDLE <b>David</b>	1C. LAST <b>Shinn</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>November 23, 1981</b>
3. SEX <b>Male</b>	4. RACE <b>Cauc.</b>	5. ETHNICITY <b>American</b>	6. DATE OF BIRTH <b>May 21, 1919</b>		2B. HOUR <b>2035</b>
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>Illinois</b>		9. NAME AND BIRTHPLACE OF FATHER <b>William E. Shinn - Penn.</b>		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Grace E. Clark - Canada</b>	
11. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		12. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	13. MARITAL STATUS <b>Married</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>Elizabeth J. Early</b>
15. PRIMARY OCCUPATION <b>Mechanic Chief Auto</b>		16. NO. YEARS THIS OCCUPATION <b>40yrs.</b>	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Glendale Unif. School Dist.</b>		18. KIND OF INDUSTRY OR BUSINESS <b>Education</b>
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>2320 Blackmore Drive</b>			19B. CITY OR TOWN <b>Glendale</b>	19C. CITY OF TOWN <b>Glendale</b>	
18D. COUNTY <b>Los Angeles</b>		19E. STATE <b>Calif.</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Mrs. Elizabeth J. Shinn - Wife (Same as 19a)</b>	
21A. PLACE OF DEATH <b>Memorial Hospital of Glendale</b>		21B. COUNTY <b>Los Angeles</b>		21C. CITY OR TOWN <b>Glendale</b>	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1420 So. Central Avenue</b>		21D. CITY OR TOWN <b>Glendale</b>			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE <b>(A) METASTATIC CARCINOMA OF THE LUNG, 2 DAYS</b>					
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE WHOSE LIVING CAUSE LAST. <b>(B)</b>					
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE WHOSE LIVING CAUSE LAST. <b>(C)</b>					
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <b>SEVERE DEHYDRATION</b>			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <b>NO</b>		
24. WAS BICYCLE REGISTERED TO DECEDENT? <b>NO</b>		25. WAS BICYCLE SEIZED? <b>YES</b>		26. WAS AUTOPSY PERFORMED? <b>NO</b>	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) <b>11/19/81</b>		28B. PHYSICIAN'S SIGNATURE AND REG. NO. <b>S.V. ARATHURAI MD. 11/26/81</b>		28C. STATE LICENSE NUMBER <b>A33601</b>	
28D. PHYSICIAN'S LICENSE NUMBER <b>A33601</b>		28E. TYPE PHYSICIAN'S NAME AND ADDRESS <b>S.V. ARATHURAI 1420 S. CENTRAL AVE. GLENDALE CA. 91204</b>			
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 HOUR, 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 <b>[Signature]</b>		35C. DATE SIGNED
36. DISPOSITION <b>Cremation</b>		37. DATE—MONTH, DAY, YEAR <b>12-01-81</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATOR <b>Compton, Calif. Angeles Abbey Crem.-1515 E. Compton Blvd.</b>	
39. CHALLANGER'S LICENSE NUMBER AND SIGNATURE <b>Unembalmed</b>		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>The Neptune Society</b>			
41. LOCAL REGISTRY <b>[Signature]</b>		42. DATE ACCEPTED BY LOCAL REGISTRY <b>NOV 30 1981</b>			
A.	B.	C.	D.	E.	F.

VS-11 (10-78)

RECORDED AT REQUEST OF  
**McColegan & Yanni**  
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OFFICIAL RECORDS  
EUREKA COUNTY, NEVADA  
WILLIS A. DEPAULI-RECORDER  
FILE NO. **84063**  
FEE \$ **6.00**

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