84201

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA BARBARA)

GILBERT G. HAYS, surviving spouse of OLIVE ROYSE HAYS, being first duly sworn, deposes and says that affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

That affiant is GILBERT G. HAYS the person named as GILBERT G. HAYS, one of the grantees in that certain deed recorded on April 9, 1962, as Document no. 35934 in Book 26 of Deeds, page 197 in the office of the County Recorder of Eureka County, State of Nevada.

That OLIVE R. HAYS was one of the grantees named in said deed and was the identical person named as OLIVE ROYSE HAYS, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

Gilbert G. Hays
GILBERT G. HAYS

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA BARBARA)

On this 23rd day of April 1982, personally appeared before me, a Notary Public in and for said Santa Barbara County, GILBERT G. HAYS known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

OFFICIAL SEAL
D. Pamela Stamper
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SANTA BARBARA COUNTY
My Commission Expires Jan. 11, 1986

D. Pamela Stamper
NOTARY PUBLIC

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

4200

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
OLIVE	ROYSE	HAYS	January 3, 1982	0800

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
Female	White	Irish	April 2, 1924	57 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
OH	Dellie A. Royse - KY	Nannie Mays - KY

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	[redacted]	Married	Gilbert G. Hays

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Housewife	25	Self Employed	Homemaking

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
1028 North 6th Street	28.02	Lompoc

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Santa Barbara	CA	Mr. Gilbert G. Hays - Husband 1028 North 6th Street Lompoc, CA 93436

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	
Residence	Santa Barbara	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	
1028 North 6th Street	Lompoc	

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

IMMEDIATE CAUSE (A) HEPATIC FAILURE

DUE TO, OR AS A CONSEQUENCE OF (B) CIRRHOSIS OF THE LIVER

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? YES

25. WAS BIOPSY PERFORMED? NO

26. WAS AUTOPSY PERFORMED? NO

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Diabetes Mellitus

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 MO. DA. YR.) I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE

28C. DATE SIGNED

28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

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 (DESCRIBE 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 REVEALED BY SUCH I HAVE MADE AN (INQUEST/INVESTIGATION): Investigation

35B. JOHN W. CARPENTER, Coroner By: [signature] Deputy

35C. DATE SIGNED 1-5-1982

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	1-5-1982	Chapel of the Roses, Atascadero, CA Scatter at Sea, Oxnard Shores, Ventura, CA	Not Embalmed

40. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
LOMPOC FUNERAL HOME, Inc. (F-793)	[signature]	January 5, 1982

STATE REGISTRAR

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

VS 11 (REV. 2-

RECORDED AT REQUEST OF
Gilbert G. Hays
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82 MAY 3 A10:30

SANTA BARBARA COUNTY HEALTH DEPARTMENT
This is to certify that this is a true copy of the certificate on file in this office.

FEE $3.00 JAN 5 1982

[signature]

SEAL Affixed

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
WILLIS A. DEPAOLI-RECORDER
FILE NO. 84201
FEE $ 5.00

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