

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF CALIFORNIA }
COUNTY OF SANTA BARBARA } ss.

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.

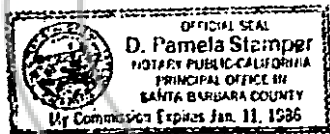
That OLIVE R. HAYS was one of the grantees named in said deed and was the identical person named as OLIVE ROYSE HAYS, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

Gilbert G. Hays
GILBERT G. HAYS

STATE OF CALIFORNIA }
COUNTY OF SANTA BARBARA } ss.

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.



D. Pamela Stamper
NOTARY PUBLIC

BOOK 102 PAGE 274

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

4200

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST OLIVE		2A. DATE OF DEATH (MONTH, DAY, YEAR) January 3, 1982	
1B. MIDDLE ROYSE		2B. HOUR 0800	
3. SEX Female	4. RACE White	5. ETHNICITY Irish	6. DATE OF BIRTH April 2, 1924
7. AGE 57		8. UNDER 1 YEAR MONTHS DAYS	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) OH		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Nannie Mays - KY	
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 FIRST NAME) Gilbert G. Hays	
15. PRIMARY OCCUPATION Housewife		16. NUMBER OF YEARS THIS OCCUPATION 25	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self Employed		18. KIND OF INDUSTRY OR BUSINESS Homemaking	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1028 North 6th Street		19B. CITY OR TOWN Lompoc	
19C. STATE CA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mr. Gilbert G. Hays - Husband	
21A. PLACE OF DEATH Residence		21B. COUNTY Santa Barbara	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1028 North 6th Street		21D. CITY OR TOWN Lompoc	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) HEPATIC FAILURE (B) CIRRHOSIS OF THE LIVER (C)		23. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION No	
24. WAS DEATH REPORTED TO CORONER? YES		25. WAS DISPOST PERFORMED? NO	
26. WAS AUTOPSY PERFORMED? NO		27. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH Diabetes Mellitus	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSES STATED. B. ATTENDED DECEASED SINCE (ENTER MO. DAY, YEAR) 1-5-1982		28B. PHYSICIAN—SIGNATURE AND LICENSE OF TITLE [Signature]	
28C. TYPE PHYSICIAN'S NAME AND ADDRESS [Signature]		28D. PHYSICIAN'S LICENSE NUMBER [REDACTED]	
29. SPECIFY ACCIDENT, SUICIDE, ETC. Investigation		30. PLACE OF INJURY Chapel of the Roses, Atascadero, CA	
31. INJURY AT WORK Scatter at Sea, Oxnard Shores, Ventura, CA		32. DATE OF INJURY—MONTH, DAY, YEAR 1-5-1982	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) Lompoc		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Not Embalmed	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE BEEN AN (INQUEST-INDICATED) Investigation		35B. DATE SIGNED 1-5-1982	
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR 1-5-1982	
38. NAME AND ADDRESS OF CEMETERY OR CREMATOR Lompoc Funeral Home, Inc. (F-793)		39. CREMATOR'S LICENSE NUMBER AND SIGNATURE [Signature]	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lompoc Funeral Home, Inc. (F-793)		41. SOCIAL REGISTRAR—SIGNATURE [Signature]	
42. DATE SIGNED BY LOCAL REGISTRAR January 5, 1982		43. DATE SIGNED BY LOCAL REGISTRAR January 5, 1982	
STATE REGISTRAR A. [Signature]		B. [Signature]	
C. [Signature]		D. [Signature]	
E. [Signature]		F. [Signature]	

VS 11-1-72

RECORDED AT REQUEST OF
Gilbert G. Hays
BOOK 102 PAGE 275

82 MAY 3 AM 10:30

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

FEE **JAN 5 1982**
\$3.00

Louise Hays



OFFICIAL RECORDS
EUREKA COUNTY, CALIFORNIA
WILLIS A. DEPAULI-RECORDER
FILE # **84201**
FEE \$ **5.00**

BOOK 102 PAGE 275