

WHEN RECORDED,  
PLEASE MAIL THIS INSTRUMENT TO

85543

Carsel, Craig & Associates  
A Professional Law Corporation  
1118 Palm Street  
San Luis Obispo, California 93401

Order No. \_\_\_\_\_  
Escrow No. \_\_\_\_\_  
Loan No. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF ~~MISSISSIPPI~~ <sup>CALIFORNIA</sup>  
County of SAN LUIS OBISPO

ANNE M. TOWNE, of legal age, being first duly sworn, deposes and says:  
That WARREN J. TOWNE, the decedent mentioned in the attached certified copy of  
Certificate of Death is the same person as Warren J. Towne  
named as one of the parties in that certain Joint Tenancy Deed dated July 9, 1965  
executed by Anne M. Towne  
to Warren J. Towne and Anne M. Towne, husband and wife,  
as joint tenants, recorded as Instrument No. 41072 on July 9, 1965 in  
Book 8, Page 060 of Official Records of Eureka County, ~~California~~ <sup>Nevada</sup>  
covering the following described property situated in the County of Eureka, State of ~~California~~ <sup>Nevada</sup>:

The Southwest Quarter of the Northwest Quarter of  
Section 19, Township 31 North, Range 49 East,  
M.D.B. & M., as per Government Survey.

Dated: October 7<sup>th</sup>, 1982

Anne M. Towne  
ANNE M. TOWNE

SUBSCRIBED AND SWORN TO before me, the  
undersigned a Notary Public in and for said State,

this 7<sup>th</sup> day of October  
WITNESS my hand and official seal.

Signature: Mary M. Searcy



Name (Typed or Printed): \_\_\_\_\_

(This area for official notarial seal)

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

4000 232

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST <b>WARREN</b>		1B. MIDDLE <b>JESSE</b>		1C. LAST <b>TOWNE</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>MARCH 4, 1982</b>		2B. HOUR <b>1830</b>	
3. SEX <b>Male</b>		4. RACE <b>Caucasian</b>		5. ETHNICITY		7. AGE <b>76</b> YEARS		IF UNDER 1 YEAR MONTHS    DAYS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>California</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Amos Towne - Illinois</b>				10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Jessie Belieu - California</b>			
11. CITIZEN OF WHAT COUNTRY <b>United States</b>		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS <b>Married</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER LAST NAME) <b>Anne Mills</b>			
15. PRIMARY OCCUPATION <b>Clerk</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>34</b>		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>United States Government</b>		18. KIND OF INDUSTRY OR BUSINESS <b>Postal Service</b>			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>2510 Burton Drive</b>				19B.		19C. CITY OR TOWN <b>Cambria</b>			
19D. COUNTY <b>San Luis Obispo</b>		19E. STATE <b>California</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Anne Towne, Wife 2510 Burton Drive Cambria, CA. 93428</b>					
21A. PLACE OF DEATH <b>Sierra Vista Hospital</b>		21B. COUNTY <b>San Luis Obispo</b>		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1010 Murray Avenue</b>		21D. CITY OR TOWN <b>San Luis Obispo</b>			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						24. WAS DEATH REPORTED TO CORONER? <b>No</b>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE ORDER, LIVING OR DECEASED.		(A) <i>Cerebrovascular Accident</i>						25. WAS DEATH PAYABLE? <b>No</b>	
		(B) <i>Cerebrovascular Arteriosclerosis</i>						26. WAS ANCEPT PAYABLE? <b>No</b>	
		(C)							
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <i>Diabetes Mellitus</i>				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <b>No</b>					
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATED.		28B. PHYSICIAN—SIGNATURE AND LICENSE OR TITLE <i>David A. Bernhardt</i>		28C. DATE SIGNED <b>3/5/1982</b>		28D. PHYSICIAN'S LICENSE NUMBER <b>G-20010</b>			
I ATTENDED DECEDENT SINCE (LICENSE NO., SA, TB.) <b>9/25/80</b>		I LAST SAW DECEDENT ALIVE (LICENSE NO., SA, TB.) <b>3/4/82</b>		28E. TYPE PHYSICIAN'S NAME AND ADDRESS <b>David A. Bernhardt, M.D. 100 Casa Street San Luis Obispo, CA. 93401</b>					
29. SPECIFY ACCIDENT, TRAFFIC, 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)					
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)				35B. CORONER—SIGNATURE AND LICENSE OR TITLE				35C. DATE SIGNED	
36. DISPOSITION <b>Burial</b>		37. DATE—MONTH, DAY, YEAR <b>3/8/1982</b>		38. NAME AND ADDRESS OF CEMETERY OF CREMATOR <b>Cambria Cemetery - Cambria, California</b>		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <b>NOT EMBALMED</b>			
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Sutcliffe-Elliott Mortuary F-374</b>				41. LOCAL REGISTRAR <i>Howard Mitchell</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>March 8, 1982</b>			
STATE REGISTRAR		A.		B.		C.		D.	

VS-11 (10-78)

This is to certify, That this is a full, true and correct copy of the record on file in this office and that the same has been carefully compared.

RECORDED AT REQUEST OF  
*Carsal, Craig & Associates*  
BOOK 106 PAGE 33

SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT  
By *David R. Barton M.D.* Acting Director/Health Officer  
*A. Boyce* Deputy Registrar  
Sept. 17, 1982

82 OCT 15 A10: 04

OFFICIAL RECORDS  
EUREKA COUNTY, CALIFORNIA  
WILLIS A. DEFAOLI—RECORDER  
FILE NO. 85543  
FEE \$ 5.00

