

LAW OFFICES OF
PLUMB AND ENGEL
443 West C St., Ste. 107
San Diego, CA 92101

AND WHEN RECORDED MAIL TO

Name
Street Address
City & State

LAW OFFICES OF
PLUMB AND ENGEL
443 West C St., Ste. 107
San Diego, CA 92101

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

CAT. NO. NN00110
TO 426 CA (12-81)

THIS FORM FURNISHED BY TICOR TITLE INSURERS

A.P.M.

ALL	PTN.

STATE OF NEVADA,

County of Eureka

F. E. Kiefhaber, of legal age, being first duly sworn, deposes and says:
 That Helen Esther Kiefhaber, the decedent mentioned in the attached certified copy of
 Certificate of Death, is the same person as Helen E. Kiefhaber
 named as one of the parties in that certain Joint Tenancy Deed dated December 26, 1963,
 executed by CRESCENT VALLEY RANCH & FARMS, a Nevada Corporation
 to FERDINAND E. KIEFHABER and HELEN E. KIEFHABER, husband and wife
 as joint tenants, recorded as Instrument No. 39497, on January 7, 1964, in
 Book 2, Page 316, of Official Records of Eureka
 County, Nevada, covering the following described property situated in the
 County of Eureka, State of Nevada.

Lot 13 of Block 10 of CRESCENT VALLEY RANCH & FARMS UNIT No. 1, as per map recorded in said County as File No. 34081.

- SUBJECT TO:
1. Taxes due not heretofore paid.
 2. Covenants, conditions, restrictions, reservations, easements, rights and/or rights of way of record.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$

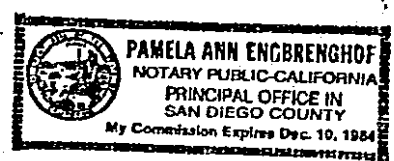
Dated 4-25-83

F. E. Kiefhaber
F. E. KIEFHABER

SUBSCRIBED AND SWORN TO before me

this 25 day of April, 1983.

Signature Pamela Ann Engbrenghof



(This area for official notarial seal)

Title Order No. _____ Escrow or Loan No. BOOK 1 | 0 PAGE 4 | 0

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8000

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY.
THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE
SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE
ORIGINAL DOCUMENT FILED.

Ronald L. Camros, M.D.
REGISTRAR OF VITAL STATISTICS

FEE PAID: \$4.00
DATE ISSUED: MAR. 18, 1983

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST Helen		1B. MIDDLE Esther	1C. LAST Kiefhaber		2A. DATE OF DEATH (MONTH, DAY, YEAR) March 13, 1983
3. SEX Female		4. RACE/ETHNICITY Caucasian	5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/>	6. DATE OF BIRTH February 20, 1913	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) UT			9. NAME AND BIRTHPLACE OF FATHER Bert E. Taylor-MN		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Lena Newton-SD
11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER [REDACTED]		13. MARITAL STATUS Married	
15. PRIMARY OCCUPATION Homemaker		16. NUMBER OF YEARS THIS OCCUPATION 48	17. EMPLOYED (IF SELF-EMPLOYED, SO STATE) Self-employed		18. KIND OF INDUSTRY OR BUSINESS Own Home
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 8934 Troy Street			19B. CITY OR TOWN Spring Valley	19C. COUNTY San Diego	
21A. PLACE OF DEATH San Diego			21B. COUNTY San Diego	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP F. E. Kiefhaber-Husband 8934 Troy Street Spring Valley, California 92077	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 8934 Troy Street			21D. CITY OR TOWN Spring Valley	21E. COUNTY San Diego	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE					
(A) CARDIOVASCULAR ARREST			(B) CARCINOMATOSIS	(C) SQUAMOUS CELL CARCINOMA OF CERVIX	24. WAS DEATH REPORTED TO CORONER? NO
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH CEREBRAL VASCULAR ACCIDENT			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION TRACHELECTOMY	28. DATE SIGNED 3/16/82	29. PHYSICIAN'S LICENSE NO. 638510
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CARDS STATED. I ATTENDED DECEDENT SINCE [] I LAST SAW DECEDENT ALIVE [] (ENTER MO. DAY YEAR)		28B. PHYSICIAN—SIGNATURE AND DEGREE OF TITLE <i>Michael S. McFee, MD</i>		28C. DATE SIGNED 3/16/82	
28D. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CARDS STATED. AS REQUIRED BY LAW I HAVE HELD AN (INVESTIGATION)		28E. TYPE PHYSICIAN'S NAME AND ADDRESS Michael S. McFee, MD 225 Dickinson Street, San Diego, CA 92103		28F. DATE SIGNED	
36. DISPOSITION Cremation		37. DATE—MONTH, DAY, YEAR 3/17/1983		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Greenwood Crematory 1-885 & Imperial Avenue, San Diego, CA	
39. EMBLIMEE'S LICENSE NUMBER AND SIGNATURE <i>Ronald L. Camros, M.D.</i>		40. LICENSE NO. F-843		41. DATE ACCEPTED BY LOCAL REGISTRAR MAR 17 1983	
42. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Greenwood Mortuary		43. LICENSE NO. F-843		44. SIGNATURE <i>Ronald L. Camros, M.D.</i>	
45. STATE REGISTRAR A.		46. REGISTRAR B.	47. REGISTRAR C.	48. REGISTRAR D.	49. REGISTRAR E.

RECORDED AT REQUEST OF
Law Offices of Plumb & Engel
BOOK 110 PAGE 410

83 APR 29 AM 11:33

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 87319
FEE \$ 5.00