

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

AND WHEN RECORDED MAIL TO

Name: LAW OFFICES OF
PLUMB AND ENGEL
Street Address: 443 West C St., Ste. 107
City & State: San Diego, CA 92101

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

CAT. NO. NN0011D
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. 39496, on January 7, 1964, in
 Book 2, Page 315, of Official Records of Eureka
 County, Nevada, covering the following described property situated in the
 County of Eureka, State of Nevada.

Lot 14 of Block 10 of CRESCENT VALLEY RANCH & FARMS UNIT #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 Engbreghdf



(This area for official notarial seal)

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Title Order No. _____

Escrow or Loan No. _____

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8000

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Helen		Esther		Kiefhaber		March 13, 1983	1640
3. SEX	4. RACE/ETHNICITY	5. SPANISH/Hispanic		6. DATE OF BIRTH		7. AGE	IF UNDER 24 MONTHS
Female	Caucasian	NO		February 20, 1913		70	YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER		
UT		Bert E. Taylor-MN			Lena Newton-SD		
11. CITIZEN OF MARY COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIAGE)	
USA		[REDACTED]		Married		F. E. Kiefhaber	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYED (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
Homemaker		48		Self-employed		Own Home	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.			
8934 Troy Street				Spring Valley			
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
San Diego		California		F. E. Kiefhaber-Husband			
21A. PLACE OF DEATH		21B. COUNTY		8934 Troy Street			
San Diego		San Diego		Spring Valley, California 92077			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)				21D. CITY OR TOWN			
8934 Troy Street				Spring Valley			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)							
IMMEDIATE CAUSE							
(A) <u>CARDIORESPIRATORY ARREST</u>							
CONDITIONS, IF ANY, WHICH WERE DUE TO THE IMMEDIATE CAUSE:							
(B) <u>CARDIOMYOPATHY</u>							
DUE TO, OR AS A CONSEQUENCE OF:							
(C) <u>SQUAMOUS CELL CARCINOMA OF CERVIX</u>							
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH				27. WAS OPERATION PERFORMED FOR ANY CONDITION—IN ITEMS 22 OR 23?			
<u>CEREBRAL VASCULAR ACCIDENT</u>				<u>TRACHELECTOMY</u>			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NO.	
[REDACTED]		<u>[Signature] M.D.</u>		3/16/82		G 38510	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY BY WEAPON		32A. DATE OF INJURY—MONTH DAY YEAR	
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 HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HAD AN (INDUSTRIAL INVESTIGATION)				35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION		37. DATE—(MONTH DAY YEAR)			38. NAME AND ADDRESS OF CENTERS OF COOPERATION		
Cremation		3/17/1983			Greenwood Crematory 1-805 6 Imperial Avenue, San Diego, CA		
39. ENBALMER'S LICENSE NUMBER AND SIGNATURE		40. STATE REGISTRAR					
NOT ENBALMED		A. STATE REGISTRAR					
[Signature]		B. [REDACTED]					
MAR 17 1983		C. [REDACTED]					
		D. [REDACTED]					
		E. [REDACTED]					
		F. [REDACTED]					

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

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

RECORDED AT REQUEST OF
Law Offices of Plunk & Engel
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83 APR 29 11:33

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 87520
FEE \$ 5.00

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