

AND WHEN RECORDED MAIL TO

Name
Street
Address
City &
StateClifford H. Clark
Attorney at Law
P. O. Box 406
Grover City, CA 93433

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit—Death of Joint Tenant

TO 426 CA (12-74)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

A.P.N.

STATE OF CALIFORNIA,

COUNTY OF LOS ANGELES

SS.

ORREN HUTTER

_____, of legal age, being first duly sworn, deposes and says:
That DOROTHY (nmn) HUTTER, the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as Dorothy Hutter
named as one of the parties in that certain deed dated September 20, 1966
executed by Crescent Valley Ranch & Farms, a Nevada Corporation
to Orren Hutter and Dorothy Hutter, husband and wife,

as joint tenants, recorded as Instrument No. 42653, on September 30, 1966, in
Book/ 12 Page/ 189, of Official Records of Eureka
County, ~~CALIFORNIA~~ covering the following described property situated in the
Nevada, County of Eureka, State of ~~CALIFORNIA~~ Nevada

The Northwest quarter of the Northeast quarter
AND the West half of the Northeast quarter of
the Northeast quarter, both of Section 9,
Township 29 North, Range 48 East, M.D.B.&M.,
as per Government Survey.

RESERVING THEREFROM an easement of 30 feet along
all boundaries for ingress and egress, with
power to dedicate.

STATE OF CALIFORNIA

COUNTY OF Los Angeles

SS.

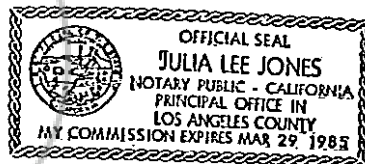
On this the 22 day of February, 1983, before
me, the undersigned Notary Public, in and for said County and State,
personally appeared Orren Hutter

proved to me on the basis of satisfactory evidence to be the person(s)
whose name(s) is subscribed to the within,
instrument, and acknowledged that he
executed the same.

2a-375 Ack. Individual (Rev. 6-82)
Staple

Julia Lee Jones

FOR NOTARY SEAL OR STAMP



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 February 19, 1983

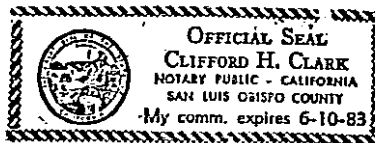
SUBSCRIBED AND SWORN TO before me

this 19th day of February, 1983

Signature

CLIFFORD H. CLARK

X Orren Hutter
ORREN HUTTER



(This area for official notarial seal)

Title Order No. _____

Escrow or Loan No. _____

BOOK 110 PAGE 485

STATE FILE NUMBER				STATE OF CALIFORNIA				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST Dorothy		1B. MIDDLE		1C. LAST Hutter		2A. DATE OF DEATH (MONTH, DAY, YEAR) JULY 16, 1981		2B. HOUR 0955		
	3. SEX Female	4. RACE White	5. ETHNICITY		6. DATE OF BIRTH Dec. 1, 1898		7. AGE 82	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS HOURS	IF UNDER 1 MINUTE MINUTES	
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) New York		9. NAME AND BIRTHPLACE OF FATHER Webster Everson - New York				10. BIRTH NAME AND BIRTHPLACE OF MOTHER Harriet Denning - New York				
	11. CITIZEN OF WHAT COUNTRY United States		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Orren Hutter				
	15. PRIMARY OCCUPATION Housewife		16. NUMBER OF YEARS THIS OCCUPATION 50	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self Employed		18. KIND OF INDUSTRY OF BUSINESS Homemaking					
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 11044 Reseda Blvd				19B.		19C. CITY OR TOWN Northridge				
	19D. COUNTY Los Angeles		19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Orren Hutter (husband) 11044 Reseda Bl. Northridge, California						
PLACE OF DEATH	21A. PLACE OF DEATH GRANADA HILLS COMMUNITY HOSPITAL				21B. COUNTY LOS ANGELES						
	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 10445 ELABOA				21D. CITY OR TOWN GRANADA HILLS						
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)										
	(A) MULTIPLE INJURIES										
	(B) BLUNT FORCE TRAUMA										
	(C)										
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH						27. WAS OPERATION PERFORMED FOR ANY CONDITION TO SIGN 27 OR NOT DATE LAPAROTOMY					
PHYSICIAN'S CERTIFICATION	28A. I CERTIFY THAT DEATH OCCURRED AT THE MONTH, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DAY, YEAR)				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. SPECIFIC ACCIDENT, SUICIDE, ETC. ACCIDENT		30. PLACE OF INJURY STREET		31. INJURY AT WORK NO		32A. DATE OF INJURY—MONTH, DAY, YEAR JULY 14, 1981		32B. HOUR 2030		
	33. LOCATION (STREET AND NUMBER OF LOCATION AND CITY OR TOWN) LeMARSH AND BALBOA, GRANADA HILLS				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) AUTO - PEDESTRIAN						
CORONER'S USE ONLY	35A. I CERTIFY THAT DEATH OCCURRED AT THE MONTH, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN INVESTIGATION				35B. I HAVE REVIEWED THE RECORDS OF THE DEPARTMENT OF HEALTH SERVICES AND HAVE DETERMINED THAT THE DEATH IS NOT REPORTABLE TO THE DEPARTMENT OF HEALTH SERVICES. DATE SIGNED Robert A. Buehler 17-17-81						
	36. DISPOSITION Burial				37. DATE OF BURIAL July 20, 1981		38. NAME AND ADDRESS OF CEMETERY OF BURIAL Oakwood Memorial Park Chatsworth CA.		39. EXAMINER'S LICENSE NUMBER AND SIGNATURE Gary J. Shinn 6700		
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Meyer & Mitchell Mortuary				41. SOCIAL REGISTRAR—SIGNATURE Robert A. Buehler		DATE ACCEPTED BY SOCIAL REGISTRAR JUL 20 1981					
STATE REGISTRAR	A.	B.	C.	D.	E.	F.					

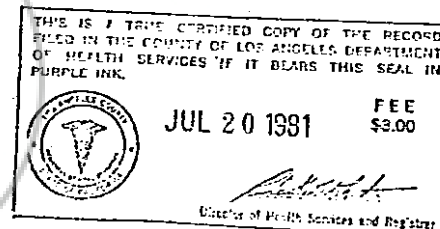
VS-11 (10-78)

01-6-3-

RECORDED AT REQUEST OF
Clifford H. Clark
BOOK 110 PAGE 485

83 MAY 5 10:56

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
M.H. REBALEATI, RECORDER
FILE NO. 87575
FEE \$ 5.00



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