

89374  
Affidavit-Death of Joint Tenant

TO 5036 NY (5-73)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF EUREKA } ss.

Helen M Westcott Johnson-Smith, of legal age, being first duly sworn, deposes and says:  
That Beth M. Westcott, the decedent mentioned in the attached certified copy of  
Certificate of Death, is the same person as Beth M. Westcott  
named as one of the parties in that certain Grant Deed dated April 16, 1973  
executed by David & Sari Glassman  
to Beth M. Westcott, an unmarried woman & Helen M. Westcott unmarried woman  
as joint tenants, recorded as Instrument No. 57343, on May 29, 1973, in  
book 45, page 421, of Official Records of Eureka  
County, Nevada, covering the following described property situated in the ---  
County of Eureka, State of Nevada:

XX

The south  $\frac{1}{2}$  of the north  $\frac{1}{2}$  of Section 7, Township 28 North,  
Range 52 East, M.D.B.&M., being 160 acres more or less,  
according to U. S. Government Survey.

Reserving a non-exclusive easement for the use of the public over  
the north 15 feet and west 15 feet of said property, for purposes  
of ingress, egress and the installation and maintenance of  
public utilities.

TX

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 \$

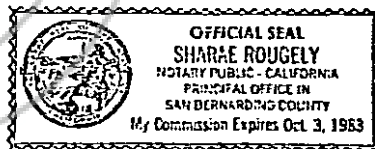
Dated 7 July 1983

Helen M. Westcott Johnson-Smith  
Helen M. Westcott Johnson-Smith

SUBSCRIBED AND SWORN TO before me

this 12 day of July, 1983

Signature Sharae Rougely  
Name (Typed or Printed)



(This area for official notarial seal)

Title Order No.

Extract or Loan No.

RECORDING REQUESTED BY

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO

Helen M. Westcott Johnson-Smith  
P. O. Box 1715  
29 Palms, Ca 92277

BOOK 114 PAGE 563

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

3600

STATE FILE NUMBER		1C. LAST		LOCAL HEALTH DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST <b>HAZEL</b>		1B. MIDDLE <b>BETHA</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>May 4, 1980</b>	
3. SEX <b>Female</b>		4. RACE <b>White</b>		5. ETHNICITY <b>American</b>	
6. DATE OF BIRTH <b>July 12, 1893</b>		7. AGE		8. NUMBER OF YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>Michigan</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Thomas McArthur Canada</b>		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Not Available Not Available</b>	
11. CITIZEN OF WHAT COUNTRY <b>United States</b>		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS <b>Widowed</b>	
14. PRIMARY OCCUPATION <b>Musician</b>		15. NUMBER OF YEARS THIS OCCUPATION <b>60</b>		16. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER SPOUSE'S NAME) <b>N/A</b>	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Self</b>		18. KIND OF INDUSTRY OR BUSINESS <b>Music</b>		19. CITY OR TOWN <b>Horongo Valley</b>	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OF LOCATION) <b>51063 29 palms Highway</b>		19B.		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Helen J. Smith (Daughter) P.O. Box 1715 Twentynine Palms, California 92277</b>	
19C. COUNTY <b>San Bernardino</b>		19D. STATE <b>California</b>		21. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
21A. PLACE OF DEATH <b>H1-Desert-Medical-Center</b>		21B. COUNTY <b>San Bernardino</b>		21C. CITY OR TOWN <b>Joshua Tree</b>	
21D. STREET ADDRESS (STREET AND NUMBER OF LOCATION) <b>6601 White Feather Road</b>		21E.		21F.	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <b>SEPSIS</b> CONDITIONS, IF ANY, WHICH CAME BEFORE THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (B) <b>PERFORATED COLON</b> (C) <b>CARCINOMA COLON</b>		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <b>NONE</b>		24. WAS DEATH REPORTED TO CORONER? <b>No</b>	
25. WAS EMPTV PERFORMED? <b>No</b>		26. WAS AUTOPSY PERFORMED? <b>No</b>		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN STAGE 22 OR 23? DATE <b>EXPLORATORY 4-15-</b>	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CORNER SYSTEM. (ENTER NO. OF DE.)		28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i>		28C. DATE SIGNED <b>5/15/80</b>	
28D. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CORNER SYSTEM, AS REQUIRED BY LAW I MAKE HEREIN AN (EXPLICIT INVESTIGATION)		28E. TYPE OF PHYSICIAN'S NAME AND ADDRESS <b>Dr. Renato F. Guzman, 6380 Split Rock, Twentynine Palms, CA.</b>		28F. PHYSICIAN'S LICENSE NUMBER <b>A 24088</b>	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
32. LOCATION (STREET AND NUMBER OF LOCATION AND CITY OR TOWN)		33. DESCRIBE HOW INJURY OCCURRED (GIVEIN WHICH RESULTED IN INJURY)		34. DATE OF INJURY—MONTH, DAY, YEAR	
35. CORONER'S USE ONLY		36. CORONER'S SIGNATURE AND DEGREE OR TITLE		37. DATE SIGNED	
38. DISPOSITION <b>Cremation</b>		39. DATE—MONTH, DAY, YEAR <b>May 19, 1980</b>		40. NAME AND ADDRESS OF CEMETERY OF DECEASED <b>Hemacinto Crematory, San Jacinto</b>	
41. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>May 15, 1980</b>		43. REGISTRAR'S LICENSE NUMBER AND SIGNATURE	
44. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Wiefels &amp; Son, Yucca Valley</b>		45. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>		46. DATE ACCEPTED BY LOCAL REGISTRAR	
STATE REGISTRAR		A. <b>15-5-27</b>		B.	
C.		D.		E.	

This must be in red to be a "CERTIFIED COPY"

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN RED.

*[Signature]*  
**LOUIS E. MAHONEY, M.D., M.P.H.**  
DIRECTOR OF PUBLIC HEALTH



BOOK 114 PAGES 64

