

AND WHEN RECORDED MAIL TO

Name Alice W. Stotenbur
Street Address c/o Bernard P. Drachlis Attorney at Law
City & State 5012 Eagle Rock Boulevard Los Angeles, CA 90041

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

CAT. NO. NND0110 TO 426 CA (12-81)

THIS FORM FURNISHED BY TICOR TITLE INSURERS

05-090-16

ALL
PTN.

STATE OF CALIFORNIA,

County of Los Angeles

ALICE W. STOTENBUR, of legal age, being first duly sworn, deposes and says: That HERBERT W. STOTENBUR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HERBERT W. STOTENBUR named as one of the parties in that certain Grant Deed dated June 12, 1980, executed by Ivan F. Cothorn to Herbert W. Stotenbur and Alice W. Stotenbur, husband and wife

as joint tenants, recorded as Instrument No. 74276, on June 27, 1980, in Book/~~Vol~~ 82, Page/~~Page~~ 440, of Official Records of Eureka County, ~~California~~, covering the following described property situated in the Nevada, County of Eureka, State of ~~California~~: Nevada

Parcel 1: The North half of the Northeast quarter of Section 23 Township 31 N, Range 49 E Mount Diablo Base and Meridian.

Parcel 2: The Northeast quarter of the Northwest quarter of Section 23, Township 31 N, Range 49 E Mount Diablo Base and Meridian.

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 \$ _____

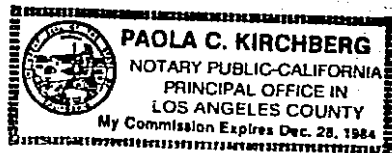
Dated August 2, 1983

Alice W. Stotenbur
ALICE W. STOTENBUR

SUBSCRIBED AND SWORN TO before me

this 2nd day of August 1983

Signature Carl E. Lushky



(This area for official notarial seal)

Title Order No. _____

Escrow or Loan No. _____

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR	
	HERBERT	W.	STOTENBUR		July 30, 1982	2210	
	3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS	IF UNDER 20 YEARS MONTHS
	Male	Cauc		April 19, 1902	80 YEARS		
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER		
Washington	Herbert Almon Stotenbur, Pennsylvania			Flora Dillon Bridges, Indiana			
11. COUNTRY OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH DATE)		
USA	[REDACTED]		Married		Alice Wiener		
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYED (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS			
Doctor	57	Self Employed		Osteopathic			
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.		19C. CITY OR TOWN	
	5068 Franklin Ave. #301					Los Angeles	
PLACE OF DEATH	19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		
	Los Angeles		California		Alice Stotenbur - Wife		
	21A. PLACE OF DEATH	21B. COUNTY		5068 Franklin Ave. #301			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN		Los Angeles, California 90027				
	616 South Witmar		Los Angeles				
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						
	IMMEDIATE CAUSE						
	(A)	<i>Renal failure</i>					24. WAS DEATH REPORTED TO CORONER?
	(B)	<i>Metastatic prostatic carcinoma</i>					25. WAS BIODIED PERFORMED?
(C)						26. WAS AUTOPSY PERFORMED?	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH							
<i>Duodenal ulcers, arteriosclerosis & ischemic heart disease</i>							
PHYSICIAN'S CERTIFICATION	27A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		27B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		27C. DATE SIGNED		27D. PHYSICIAN'S LICENSE NUMBER
	I ATTENDED DECEDENT SINCE (ENTER NO. DA, YR.)		I LAST SAW DECEDENT ALIVE (ENTER NO. DA, YR.)		July 30/82		January 1978
	NOV 26, 1974		July 30/82		1245 Wilshire Blvd., Los Angeles, California		A-12032
INJURY INFORMATION	28. SPECIFY ACCIDENT, SUICIDE, ETC.		29. PLACE OF INJURY		30. INJURY AT WORK		31. DATE OF INJURY—MONTH, DAY, YEAR
CORONER'S USE ONLY	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			34. CORONER—SIGNATURE AND DEGREE OR TITLE
							35C. DATE SIGNED
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED, AS PROVIDED BY LAW I HAVE HELD AN (GROSS) INVESTIGATION		35B. CORONER—SIGNATURE AND DEGREE OR TITLE					35C. DATE SIGNED
36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. GRAND VIEW CREMATORY			39. BURIALMAN'S LICENSE NUMBER AND SIGNATURE		
Cremation	8/04/82	1341 Glenwood Rd., Glendale, California			Not Embalmed		
40. NAME OF FORENSIC DIRECTOR (OR PERSON ACTING AS SUCH)				41. LOCAL REGISTRATION DISTRICT		42. DATE RECEIVED BY LOCAL REGISTRAR	
THE CALLANAN MORTUARY				[Signature]		AUG 4 1982	
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	

VS-11 (10-78)

01-8-2-0392

RECORDED AT REQUEST OF
Bernard P. Drachlis
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83 NOV 7 A 8:41

OFFICIAL RECORDS
EUREKA COUNTY, CALIFORNIA
M.H. REBALEATI, RECORDER
FILE NO. 90315
FEE \$6.00

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN FULL (H.K.)

AUG 4 1982 FEE \$3.00

23 [Signature]
Director of Health Services and Registrar

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