

RECORDING REQUESTED BY
Kellner, Ybarrondo & Nishino

92883

AND WHEN RECORDED MAIL TO

NAME Gene L. Owens
ADDRESS 1045 Santa Teresa Way
CITY & STATE Hemet CA 92343

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

Misc.-119

STATE OF CALIFORNIA,

County of RIVERSIDE

} ss.

Genevieve Louise Owens, of legal age, being first duly sworn, deposes and says:
That Clyde Howard Owens, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Clyde Howard Owens named as one of the parties in that certain Deed dated February 28, 1967, executed by Nevada Title Guaranty Company, a Nevada corporation, to Clyde Howard Owens and Genevieve Louise Owens, husband and wife as joint tenants, recorded as Instrument No. 44324, on March 2, 1967, in book 18, page 231, of Official Records of Eureka County, Nevada, covering the following described property situated in the Nevada County of Eureka, State of Nevada

Lot 25 in Block 9 of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 1, according to the map thereof filed in the office of the County Recorder of Eureka County, Nevada, as File No. 34081.

and

Lot 1 in Block 7 of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 3, according to the map thereof filed in the office of the County Recorder of Eureka County, Nevada, as File No. 34551.

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 \$

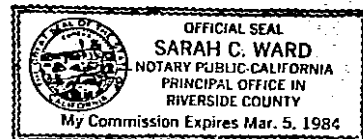
Genevieve Louise Owens
Genevieve Louise Owens

Dated February 15, 1974

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this sixteenth day of February, 1974

Sarah C. Ward

FOR NOTARY SEAL OR STAMP



Title Order No. _____ Escrow No. _____

BOOK 121 PAGE 368

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3600

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Clyde		1B. MIDDLE Howard	1C. LAST Owens
2A. DATE OF DEATH (MONTH, DAY, YEAR) January 19, 1982		2B. HOUR 0134	
3. SEX Male	4. RACE White	5. ETHNICITY -----	6. DATE OF BIRTH June 28, 1904
7. AGE 77		8. IF UNDER 1 YEAR MONTHS DAYS	9. IF UNDER 28 HOURS HOURS MINUTES
10. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) TX		11. NAME AND BIRTHPLACE OF FATHER Alonzo Owens TX	
12. BIRTH NAME AND BIRTHPLACE OF MOTHER Zadie Knight Unavailable		13. CRISIS OF WHAT COUNTRY U.S.A.	
14. SOCIAL SECURITY NUMBER -----		15. MARITAL STATUS Married	
16. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER HER NAME) Gene L Barth		17. PRIMARY OCCUPATION Garment Mfg.	
18. NUMBER OF YEARS THIS OCCUPATION 20		19. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self	
20. KIND OF INDUSTRY OR BUSINESS Garment		21. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1045 Santa Theresa Way	
22. CITY OR TOWN Hemet		23. STATE CA	
24. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Gene L. Owens-Wife		25. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP As in 19 A&C	
26. PLACE OF DEATH Loma Linda Univ. Medical Center		27. COUNTY San Bernardino	
28. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 11234 Anderson St.		29. CITY OR TOWN Loma Linda	
23. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (IMMEDIATE CAUSE)			
(A) Pulmonary Failure		1 week	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(B) Pneumonia		10 days	
(C) COPD		20 yr	
24. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH Cerebral Infarction		25. WAS OPERATION PERFORMED FOR THIS CONDITION IN ITEMS 23 OR 23? YES OR NO None	
26. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.) 1-2-82 1-18-82		27. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Stanley G. Tan, M.D.	28. DATE SIGNED 1-20-82
29. TYPE PHYSICIAN'S NAME AND ADDRESS Stanley Tan M.D., 11234 Anderson St., Loma Linda, Ca. 92350		28. PHYSICIAN'S LICENSE NUMBER 623082	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	31. INJURY AT WORK
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		35. CORONER—SIGNATURE AND DEGREE OR TITLE	
36. DATE SIGNED		37. DATE SIGNED	
38. NAME AND ADDRESS OF CEMETERY OR CREMATOR Burial		39. CEMETERY'S LICENSE NUMBER AND SIGNATURE Nicholas Jones	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Miller-Jones Valley Mortuary 1286		41. LOCAL REGISTRATION OFFICE Alvin S. Mahoney	
42. DATE ACCEPTED BY LOCAL OFFICER Jan. 21, 1982		43. STATE REGISTRAR 10-1-25	

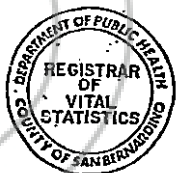
***** This must be in red to be a "CERTIFIED COPY" *****

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

RECORDED AT REQUEST OF
Keller, Barron & Ashino
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24 FEB 21 11:43

RED.
Alvin S. Mahoney
LOUIS E. MAHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH



OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
H.N. REBELEAU, RECORDER
FILE NO. **92883**
FEE \$ **6.00**

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