

RECORDING REQUESTED BY

93318

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME  
STREET ADDRESS  
CITY, STATE, ZIP  
Karl C. Clausser  
24126 Valley Crest Terrace  
Apple Valley, CA 92307

Title Order No. \_\_\_\_\_ Escrow No. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF CALIFORNIA

COUNTY OF San Bernardino

} ss.

Karl C. Clausser, of legal age, being first duly sworn, deposes and says:  
That EMMA GEORGIA CLAUSSE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as EMMA G. CLAUSSE named as one of the parties in that certain GRANT DEED dated 31st day of August, 1960, executed by CRESCENT VALLEY RANCH & FARMS, a NEVADA corporation, to KARL C. CLAUSSE and EMMA G. CLAUSSE, husband and wife as joint tenants, recorded as Instrument No. 34981 on September 14, 1960, in Book 25, Page 455, of the Official Records in the Office of the County Recorder of EUREKA COUNTY, State of NEVADA County, State of California, concerning the following described real property situated in the City of \_\_\_\_\_ County of EUREKA, State of NEVADA, State of California:

to wit:

Lot 7, also known as

The Southwest 1/4 of the Southwest 1/4 of Section 9, Township 31 North, Range 48 East, M.D.B. & M., as per government Survey.

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ \_\_\_\_\_

Dated April 30, 1984 Karl C. Clausser  
(Signature of Joint Tenant)

(Type or Print Full Name of Joint Tenant)

SUBSCRIBED AND SWORN TO BEFORE ME

this 2 day of May, 1984

[Signature]  
(Signature of Notary)



**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST			2A. DATE OF DEATH (MONTH, DAY, YEAR) 12B. HOUR		
EMMA			April 21, 1984 1230		
1B. MIDDLE		1C. LAST			
GEORGIA		CLAUSSER			
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC AND	
Female		White		CK	
6. DATE OF BIRTH			7. AGE		
January 4, 1897			87 YEARS		
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)			10. BIRTH NAME AND BIRTHPLACE OF MOTHER		
GERMANY			Sophia Dreifuss - GERMANY		
9. NAME AND BIRTHPLACE OF FATHER			14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME		
Michael Gruener - GERMANY			Karl C Clausser		
11. CITIZEN OF WHAT COUNTRY			13. MARITAL STATUS		
USA			Married		
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATED	
Housewife		adult life		Self Employed	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B. CITY OR TOWN		
695 La Cadena Dr			Riverside		
19C. COUNTY			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		
Riverside			Karl C Clausser - Husband		
21A. PLACE OF DEATH			21B. COUNTY		
Residence			Riverside		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN		
695 La Cadena			Riverside		
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE			24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?
(A) Cardio Pulmonary Arrest			Yes		No
(B) Corollary Sclerotic Heart Disease			Yes		No
(C)					No
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		
Hypertension			No		
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED
6-24-67 4-20-84			Carl Woln MD		4/23/84
28E. TYPE PHYSICIAN'S NAME AND ADDRESS			28D. PHYSICIAN'S LICENSE NUMBER		
Dr. Carl Woln (sty) 3838 Sherman Dr Riverside, Ca			65804		
29. SPECIFY ACCIDENT, SUICIDE, ETC.			30. PLACE OF INJURY		31. HOURS AT WORK
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 HELD AN (INQUEST- INVESTIGATION)			35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED
36. DISPOSITION			37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY
Cremation			4-24-84		Evergreen Crematory - Riverside, Ca
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			40B. LICENSE NO.		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Heptone Society - Riverside			1307		Not Embalmed
STATE REGISTRAR			42. DATE ACCEPTED BY LOCAL REGISTRAR		
			APR 23 1984		

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

**RIVERSIDE COUNTY HEALTH DEPARTMENT CERTIFICATION APR 24 1984**

Date of Amendments, if any \_\_\_\_\_

I hereby certify that this is a true copy of a certificate on file in the Riverside County Health Department, if the certification is in red.

*Thomas P. Hamilton II, M.D.*  
Thomas P. Hamilton II, M.D.  
Director of Health & Local Registrar



DOH-VS-004 (REV. 6/83)

RECORDED AT REQUEST OF  
*Karl C. Clausser*  
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84 MAY 7 ALL: 16

OFFICIAL RECORDS  
CLARK COUNTY, NEVADA  
M.M. REGALLATI, RECORDER  
FILE NO. 93318  
FEE \$ 6.00

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