

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)   2D. HOUR		
EMMA			April 21, 1984   2330		
1B. MIDDLE		1C. LAST			
GEORGIA		CLAUSSER			
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC IND	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR
Female	White	CK	January 4, 1897	87 YEARS	MONTHS   DAYS   HOURS   MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)			9. NAME AND BIRTHPLACE OF FATHER		
GERMANY			Michael Gruener - GERMANY		
10. BIRTH NAME AND BIRTHPLACE OF MOTHER			11. CITIZEN OF WHAT COUNTRY		
Sophia Dreifuss - GERMANY			USA		
12. SOCIAL SECURITY NUMBER			13. MARITAL STATUS		
[REDACTED]			Married		
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)			15. PRIMARY OCCUPATION		
Karl C Clausser			Housewife		
16. NUMBER OF YEARS THIS OCCUPATION			17. EMPLOYER OF SELF-EMPLOYED, SO STATED		
adult life			Self Employed		
18. KIND OF INDUSTRY OR BUSINESS			19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		
Homemaker			695 La Cadena Dr   42300		
19B. CITY OR TOWN			19C. STATE		
Riverside			CA		
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			21A. PLACE OF DEATH		
Karl C Clausser - Husband			Residence		
695 La Cadena Dr			21B. COUNTY		
Riverside, Ca 92501			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)					24. WAS DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE					Yes
(A) Cardio Pulmonary Arrest					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.					25. WAS BIOPSY PERFORMED?
(B) Corollary Sclerotic Heart Disease					No
(C) Hypertension					26. WAS AUTOPSY PERFORMED?
					No
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION					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	28D. PHYSICIAN'S LICENSE NUMBER
6-24-67   4-20-84			Carl Woln (MD)	4/23/84	65804
29. SPECIFY ACCIDENT, SUICIDE, ETC.			30. PLACE OF INJURY		
31. HOURS AT WORK			32A. DATE OF INJURY—MONTH, DAY, YEAR		
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			39. NAME AND ADDRESS OF CEMETERY OR CREMATORY		
Cremation			Evergreen Crematory - Riverside, Ca		
37. DATE—MONTH, DAY, YEAR			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		
4-24-84			Not Embalmed		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			40B. LICENSE NO.	41. LOCAL REGISTRAR'S SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Heptone Society - Riverside			1307	Thomas P. Hamilton II, M.D.	APR 23 1984
STATE REGISTRAR	A.	B.	C.	D.	E.

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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