

93319

RECORDING REQUESTED BY

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

NAME Karl C. Clausser
 STREET ADDRESS 24126 Valley Crest Terrace
 CITY Apple Valley, CA 92307
 STATE CA
 ZIP 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 Joint Tenancy Deed dated March 5, 19 64
 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. 39691, on March 16, 19 64, in
 Book 3, Page 447, 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:

The Northwest quarter of the Northwest quarter of Section 35,
 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, 19 84Karl 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, 19 84[Signature]

(Signature of Notary)

(Signature of Joint Tenant)

(Type or Print Full Name of Joint Tenant)



STATE OF CALIFORNIA									
STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		EMMA		GEORGIA		CLAUSSER		2A. DATE OF DEATH (MONTH, DAY, YEAR) 12B. HOUR	
		3. SEX Female		4. RACE/ETHNICITY White		5. SPANISH/Hispanic NO		6. DATE OF BIRTH January 4, 1897	
		7. AGE 87 YEARS		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) GERMANY		9. NAME AND BIRTHPLACE OF FATHER Michael Gruener - GERMANY		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Sophia Dreifuss - GERMANY	
		11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME Karl C Clausser	
		15. PRIMARY OCCUPATION Housewife		16. NUMBER OF YEARS THIS OCCUPATION adult life		17. EMPLOYER IF SELF-EMPLOYED, SO STATE Self Employed		18. KIND OF INDUSTRY OR BUSINESS Homemaker	
		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 695 La Cadena Dr		19B. CITY OR TOWN Riverside		19C. CITY OR TOWN Riverside		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Karl C Clausser - Husband 695 La Cadena Dr Riverside, Ca 92501	
		21A. PLACE OF DEATH Residence		21B. COUNTY Riverside		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 695 La Cadena		21D. CITY OR TOWN Riverside	
		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) Cardio Pulmonary Arrest (B) Coronary Sclerotic Heart Disease (C)		23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A Hypertension		24. WAS DEATH REPORTED TO CORONER? Yes	
		25. WAS DEATH REPORTED TO CORONER? No		26. WAS DEATH REPORTED TO CORONER? No		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No		28. DATE SIGNED 4/23/84	
		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32. 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)		35. CORONER—SIGNATURE AND DEGREE OR TITLE Thomas P. Hamilton II, M.D.		36. DATE SIGNED APR 23 1984	
		37. DATE—MONTH, DAY, YEAR 4-24-84		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Evergreen Crematory - Riverside, Ca		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed		40. DATE ACCEPTED BY LOCAL REGISTRAR APR 23 1984	
		41. LOCAL REGISTRAR—SIGNATURE Thomas P. Hamilton II, M.D.		42. DATE ACCEPTED BY LOCAL REGISTRAR APR 23 1984		43. NAME OF FUNERAL DIRECTOR (ON PERSON ACTING AS SUCH) Neptune Society - Riverside		44. LICENSE NO. 1307	
		45. STATE REGISTRAR		46. LICENSE NO.		47. NAME AND ADDRESS OF CEMETERY OR CREMATORY		48. EMBALMER'S LICENSE NUMBER AND SIGNATURE	

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
BOOK 122 PAGE 484

84 MAY 7 AM 1:16

OFFICIAL RECORDS
CLARK COUNTY, NEVADA
M.M. REGALATI, RECORDER
FILE NO. 93319
FEE \$ 6.00

BOOK 122 PAGE 485