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

JUNE Karl C, Clausser STREET 24126 Valley Crest Terrace CONTROL Apple Valley, CA 92307 WAME Karl C. Clausser STREET 24126 Valley Crest Terrace COV. Apple Valley, CA 92307

Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

	AFFIDAVIT—DEATH OF JOINT TENANT							
		<del></del>						
ATE OF CALIF		ss.						
UNTY OF	San Bernardir	<u> </u>	<					
	Karl C. Clauss	ser	, of legal a	ge, being first duly sworn, de	poses and says.			
That	EMMA GEORGIA	CLA USSER		decedent mentioned in the at	Melien cermina			
py of Certifica	te of Death, is the same person	nas <u>EMMA G. CI</u>	Dood dated	March 5	19 64			
med as one o	of the parties in that certain of CRESCENT VAL	LEV RANCH & FA	RMS.a NEVA	DA corporation				
ecuted by _	UNDI O CLAIL	SSER and ESMA	G. CLAUSSE	R, husband and				
	and a feetween Re	39691	ng 191	cu re.	, 19 <u>04</u> , m			
s joint tenants 3	, Page447	of the Official Records	in the Office of the C	ounty Recorder of EUREK	A COUNTY			
оок <u></u> St	tate of NEVADA	காகா வரசி சிரிக்கி	na concerning the fo	ollowing described real proper	ty situated in the			
ity of		, County of $\underline{\mathrm{El}}$	JREKA State	of NEVADA . Se	ita ol California:			
			7	/ / / / / / / / / / / / / / / / / / /				
o wit:		,						
	The Northwest	quarter of the	e Northwes	t quarter of Se	Ction ))			
	Township 31 No	rth,Range 48.	East, M. D.B	M.,as per gove	T IIIICITO			
	Survey.		1					
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That the	s value of all real and personal (	property owned by the deced	lent at the date of dea	th, including the full value of t	ne adove describe			
real property	y, did not then exceed the sum	of \$						
	/		Harl	C. Claur	7e			
Dated	_april 30,	10.119		(Segretare of Joint Tenant)				
	/ /			(Type or Print Full Name of Joint Tenant)				
No.					<u> </u>			
SUBSCRIBE	ED AND SWORN TO BEFORE A	AE 🙃	/ <del></del>	(Signature of Joint Tanant)				
ا حسر ماداد ا	2day of	Ly 19 84	• <u>• • • • • • • • • • • • • • • • • • </u>	(Tree or Bred fell Water of Irin Tennet)				
this	ر	( )		(Type or Prot Full Yarms of Joint Torum)				
	MOCI SKIA	In law	<b>伊军</b>	FRAN KINCHFLOS				

PRINCIPAL OFFICE IN RIVERSIDE COUNTY

AFFIDAVIT - DEATH OF JOINT TEHANT WORCOTTS FORM 300 - New, 11-82

This standard form is intended for the typical saturtions encountered in the hell whatever changes are appropriate and necessary to your particular transaction. @1982 WOLCOTTS, INC.

	STATE FILE	NUMBER		STATE O	F CALIFORNIA	-711						
		OF DECEDENT—FIR	I I IB. Michie		I IC. LAST		2A. DATE I	24. DATE OF DEATH MONTH, DAY, YEAR 12B. HOUR				
DECEDENT	EMMA		{ GEORGIA		CLAUSSER			April 21, 1984 2330				
	SEX 4 RACE/ETHNICITY Female White		NO			6. DATE OF BIRTH			1 YEAR	IF LONDER HOURS	24 HOURS	
	B. BIRTHPLAC	White -	9. NAME AND BURTH	LACE OF FATHER	January 4,	, 1897	87 YEAR	HS ONN BURN	TWW ACE	t .		
PERSONAL DATA	GERMANY		Michael G	irvener -	GERMANY	SEDMONA						
	11. CITIZEN OF WHAT COUNTRY			12. SOCIAL SECURITY NUMBER		33. MARITAL STATUS		Sophia Dreifuss - GERMANY  14. NAME OF SURVIVING SPOUSE OF WIFE ENTER				
	USA 15. PRIMARY OCCUPATION		16. NUMBER OF YEARS 17. EN		Married		( BIRTH MAME)	Karl C Clausser				
			THE OCCUPATION	l l	MOYER & SELF-EUPLOTED, SO STATE)		1B. KiND OF INDUSTRY ON BUSINESS					
	HOUSEWI 19AL USUAL F	TESIDENCE—STREET	Hadult life	DAULT LIFE   Self Employed		<u>d</u>	Homema	ker	_4			
USVAL	695 La Cadena Dr				42	1 .	Riverside					
RESIDENCE	19D. COUNTY			119E. 5			E AND ADDRESS	OF INFORM	IANT—RE	LATIONSH		
PLACE OF DEATH	Riverside				LCA Karl (			C Clausser - Husband				
	Residence			1	Riverside 695 La		La Cadena	.a Cadena Dr				
	21C STREET ADDRESS (STREET AND MUNDER OR LOCATION)				21D. CITY OR TOWN		erside, Ca	side, Ca 92501				
	695 La Cadena Riverside					- 1			١	\		
	ZZ DEATH W	AS CAUSED BY:	P TENTER ONLY	ONE CAUSE PE	A LINE FOR A. B. A	(ND C)	04	12	4 WAS DE	EATH REPO	#TED	
CAUSE	CONDITIONS & ANT. IN CALLED PULLIFORMAN and AMERICA APPROXIMATE TO COMPONENT YES											
OF DEATH	THE IMMEDIATE		2 Hesa S	Vo intil	Sball N	(Usano 🗸		BETWEEN	- //ก	OPSY PERF	ORMED?	
PLATE	STATING THE L		OR AS A CONSEQUENC	E OF	174070	DP (I-W)	7/ -	AND 2	B. WAS AL	JOPSY PE	RFORWED?	
	LYBIG CAUSE	(m				4		DEATH	110		<b>L</b>	
	23. OTHER SA IN 22A	CHICANT CONDITION	S-COMPRIBUTING TO E	DEATH BUT NOT	RELATED TO CAUSE G		DEPATION PERFOR	HED FOR ANY	CONDITIO	N IN ITEMS	22 DR	
	28A I CERTI	YT THAT DEATH O	CCUARED AT THE	1 24B, PAYSU	LANC A ALLER	DEGREE OR TITL	110			The same of		
PHYSI- CIAN'S	STATED.	AND PLACE STATED		&all	Talsu	m	128C/0/1E			יאראי. אראי	E MANDER	
CERTIFICA-	ENTER HO		ST SAW DECEDENT AUT	26E. TYPE	PHYSICIAN'S HAIRE	AND ADDRESS		<i>!/</i> 7	<u>00</u>	<i>U</i> +	7	
MOIT	6-74	-67 -	7-20-84		Carl Woln(s		Sherman i			e, Ca		
YRULK!	29. SPECIFY AS	CCIDENT, SUICIDE, ETC.	30. PLACE OF S	YPOLY	[31.)	INTURY AT WORK	32A. DATE OF HEAD	ят—номън, р	REST, YEAR	328. нос	TR .	
INFORMA-	33. LOCATION (STREET AND MUMBER OR LOCATION AND CUTY OR TOWN)  34. DESCRIBE HOW INJURY OCCURRED (EVENTS WISCHRESULTED IN PLAINT)											
YION CORONER'S												
USE	35A. 1 CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN INDUST-INVESTIGATION.											
36. DISPOSIT	ON 37. DATE—MONTH, UAT, YEAR 36. NAME AND ADDRESS OF CEMETERY OF CREMATORY 39. EMBALMER'S LICENSE MUMBER AND SIGNATURE											
Crematio	n 4-2	24-84	Evergre	en Crema	tory - Rive	erside. Ca	A	t ¡Embal			ATONE.	
40A. NAME OF	FUNERAL DISECT	DR (DR PERSON ACTIM	AS SUCHI 408. LICEN		LOCAL REGISTRAR			42 DATE	CCEPTED	Y SPSAL	EGISTRAN	
	Society	- Riverside	e 130	7 1	homodi XII	unities	WXX. W	4 APR	23	1904	·	
STATE REGISTRAR	~			The Real Property lies and the Personal Property lies and the	3		\		F.			
VS-11 (7-83)	1	7 /		-		-	7		7604-449 8	-B3 400M	ou <del>r</del> O cose	
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		/ /		"CERT	IFIED COPY	••	$\setminus$ )	)·				
					/ /	\						
		RI	VERSIDE COUN	TY HEALTS	I DEPARTMEN	T CERTIFI	CATTON	PR 2	# 100			
		\ \			1		, , , , , , , , , , , , , , , , , , ,	IT IX &	1 190	4		
_	<b>N</b>	Date	of Amendment	s, if any	′				-			
And the second second	1	Ther	eby certify	that this	s is a true	conv of	n contifi	anta				
		V			a a a for ac	Lob3 OI	a certiii	cate				
And the same of th		on fi	le in the Ri	verside (	County Heal	th Depart	ment, if	the				
			C4	س فیناد	/ /	پسيد						
		certi	fication is	in rea.		MILITAL O	The same of the sa					
		G-1				REGII	STRAR \ 3					
7		V/16	mastron	nellos :	74.8.	* VI	TAL ISTICS					
·		Thoma	s P. Hamilto	n II, M.	D.	15	/3/				1.	
i			tor of Healt			OF RI	VIRSU					
DOH-VS-00	04(REV.6/	/83)										
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74				0500	Fn 12	•	•					
The State of the S				KEÇURD'	ER AT REQUEST	T OF						
1	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, w	The state of the s		- የአህአር - - የአህአር -	C. Clausse	2X'						

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FILEND 93 FEE \$ 6.00