

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 CLAUSER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as EMMA G. CLAUSER named as one of the parties in that certain Joint Tenancy Deed dated March 5, 1964, executed by CRESCENT VALLEY RANCH & FARMS, a NEVADA corporation, to KARL C. CLAUSER and EMMA G. CLAUSER, husband and wife as joint tenants, recorded as Instrument No. 39691, on March 16, 1964, 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, 1984

Karl C. Clauser  
(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)

(Signature of Joint Tenant)

(Type or Print Full Name of Joint Tenant)



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**CERTIFICATE OF DEATH**  
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) 2B. 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 OF WIFE, ENTER BIRTH NAME) Karl C Clausser		15. PRIMARY OCCUPATION Housewife	
		16. NUMBER OF YEARS THIS OCCUPATION adult life		17. EMPLOYER BY 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. COUNTY CA	
		19D. STATE CA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Karl C Clausser - Husband		21. PLACE OF DEATH Residence	
		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		23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A	
		24. WAS DEATH REPORTED TO CORONER? Yes		25. WAS PROSOPY PERFORMED? No		26. WAS AUTOPSY PERFORMED? No	
		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? 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 Carl Wolinsky MD	
		28C. DATE SIGNED 4/23/84		28D. PHYSICIAN'S LICENSE NUMBER 65804		28E. TYPE PHYSICIAN'S NAME AND ADDRESS Dr. Carl Wolinsky 3838 Sherman Dr Riverside, Ca	
		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR		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 Cremation		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		40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Neptune Society - Riverside	
		40B. LICENSE NO. 1307		41. LOCAL REGISTRAR—SIGNATURE Thomas P. Hamilton II M.D.		42. DATE ACCEPTED BY LOCAL REGISTRAR APR 23 1984	
		STATE REGISTRAR		A.		B.	
		C.		D.		E.	
		F.					

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 AM 1:16

OFFICIAL RECORDS  
CLERK COUNTY, NEVADA  
M.M. REGALEATI, RECORDER  
FILE NO. 93319  
FEE \$ 6.00

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