

RECORDING REQUESTED BY

93320

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

NAME Karl C. Clausser  
 STREET ADDRESS  
 CITY, STATE, ZIP 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.

That Karl C. Clausser of legal age, being first duly sworn, deposes and says:  
 That EMMA GEORGIA CLAUSSER the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as EMMA G. CLAUSSER named as one of the parties in that certain Joint Tenancy Deed dated 9th day of November 19 66 executed by CRESCENT VALLEY RANCH & FARMS, a NEVADA corporation to KARL C. CLAUSSER and EMMA G. CLAUSSER, husband and wife as joint tenants, recorded as Instrument No. 43309, on November 28, 19 66 in Book 13, Page 455, of the Official Records in the Office of the County Recorder of EUREKA County, State of Nevada ~~California~~, concerning the following described real property situated in the City of \_\_\_\_\_, County of EUREKA, State of NEVADA, State of California:

that is described as follows:

The Northwest quarter of the Southwest quarter of Section 33, 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 84

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, 19 84

[Signature]  
(Signature of Notary)

(Signature of Joint Tenant)

(Type or Print Full Name of Joint Tenant)



**CERTIFICATE OF DEATH**

STATE FILE NUMBER			STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST			11C. LAST			2A. DATE OF DEATH (MONTH, DAY, YEAR) 12J. HOUR		
EMMA			CLAUSSER			April 21, 1984 2330		
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/> YES		7. AGE		8. DATE OF BIRTH
Female		White				87 YEARS		January 4, 1897
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)			9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER		
GERMANY			Michael Gruener - GERMANY			Sophia Dreifuss - GERMANY		
11. CITIZEN OF WHAT COUNTRY			12. SOCIAL SECURITY NUMBER			13. MARITAL STATUS		
USA			[REDACTED]			Married		
15. PRIMARY OCCUPATION			16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
Housewife			adult life		Self Employed		Homemaker	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)						19B. CITY OR TOWN		
695 La Cadena Dr						Riverside		
19D. COUNTY			19E. STATE			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		
Riverside			CA			Karl C Clausser - Husband		
21A. PLACE OF DEATH			21B. COUNTY			695 La Cadena Dr		
Residence			Riverside			Riverside, Ca 92501		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN					
695 La Cadena			Riverside					
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE			(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			24. WAS DEATH REPORTED TO CORONER?		
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.			(A) Cardio Pulmonary Arrest			Yes		
			(B) Coronary Sclerosis Above Myocardium			25. WAS MOPST PERFORMED?		
			(C)			No		
						26. WAS AUTOPSY PERFORMED?		
						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			Dr. Carl Wolnsty MD			4/23/84		
28D. PHYSICIAN'S LICENSE NUMBER			28E. TYPE PHYSICIAN'S NAME AND ADDRESS					
65804			Dr. Carl Wolnsty 3838 Sherman Dr Riverside, Ca					
29. SPECIFY ACCIDENT, SUICIDE, ETC.			30. PLACE OF INJURY			31. INJURY 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		
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			40B. LICENSE NO.		
Not Embalmed			Neptune Society - Riverside			1307		
41. LOCAL REGISTRAR—SIGNATURE			42. DATE ACCEPTED BY LOCAL REGISTRAR					
Thomas P. Hamilton M.D.			APR 23 1984					
STATE REGISTRAR			A			B		
			C			D		
			E			F		

VS-11 (7-83) \* \* \* \* \* 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 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 133 PAGE 486

84 MAY 7 11:18

OFFICIAL RECORDS  
 EUREKA COUNTY, NEVADA  
 M.N. REGALEATI, RECORDER  
 FILE NO. 93520  
 FEE \$ 6.00

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