

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		1B. MIDDLE	11C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)			12J. HOUR
EMMA		GEORGIA	CLAUSSER	April 21, 1984			2330
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/>	6. DATE OF BIRTH	7. AGE	8. UNDER 1 YEAR	9. UNDER 24 HOURS	10. UNDER 36 HOURS
Female	White		January 4, 1897	87	YEARS	MONTHS	DAYS
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	14. NAME OF SURVIVING SPOUSE BY WIFE, ENTER BIRTH NAME			
USA			Married	Karl C Clausser			
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER IF SELF-EMPLOYED, SO STATED	18. KIND OF INDUSTRY OR BUSINESS			
Housewife		adult life	Self Employed	Homemaker			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.	19C. CITY OR TOWN		
695 La Cadena Dr				42300	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?	25. WAS MOPST PERFORMED?	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) Cardio Pulmonary Arrest			None	Yes	No
		(B) Coronary Sclerosis Above Myocardium			Yes	No	No
		(C)					
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			DATE		
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	28D. PHYSICIAN'S LICENSE NUMBER			
6-24-67		Dr. Carl Wolnsty MD	4/23/84	65804			
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		37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		
Cremation		4-24-84	Evergreen Crematory - Riverside, Ca		Not Embalmed		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR			
Neptune Society - Riverside		1307	Thomas P. Hamilton M.D.	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 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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