

RECORDING REQUESTED BY
Edwin's Hale

98571

AND WHEN RECORDED MAIL TO

NAME [EDWINA Hale]
ADDRESS [220 Peninsula #4]
CITY & STATE [San Mateo, Calif. 94401]

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF ~~CALIFORNIA~~ ^{Nevada}
County of ~~Eureka~~ ^{Eureka}

ss.

That ~~Walter S. Hale~~ ^{Edwin Hale}, of legal age, being first duly sworn, deposes and says: the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ~~Walter S. Hale~~ ^{Walter S. Hale} named as one of the parties in that certain ~~Agreement for Sale of Real Estate~~ ^{Agreement for Sale of Real Estate} dated Oct. 15, 1959 executed by ~~Crescent Valley Ranch and Farms, a Nevada Corporation (seller)~~ ^{Crescent Valley Ranch and Farms, a Nevada Corporation (seller)} to ~~Walter S. Hale and Edwin Hale~~ ^{Walter S. Hale and Edwin Hale} as joint tenants, recorded as ~~Instrument No. File No. 34081~~ ^{Instrument No. File No. 34081}, on Oct. 15, 1959, in book ~~Nevada~~ ^{Nevada} page ~~413~~ ⁴¹³, of Official Records of ~~Eureka~~ ^{Eureka} County, ~~California~~ ^{California}, covering the following described property situated in the County of ~~Eureka~~ ^{Eureka}, State of ~~California~~ ^{Nevada}:

Lot: 51x (6) Unit: #1 (Number one)
Block: Twenty Five (25)
of Crescent Valley Ranch and Farms
File No. as recorded in said County as File No. 34081
see attached Agreement for Sale of Real Estate

Deed Recorded Mar. 7, 1964 EU 1247
Book 3
page 413

Recorded by Nevada Title Guaranty Co.
now titled First American Title Co. of Nevada
PO Box 308
Elko, Nevada 89801

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 1000^{00.00}

Dated 2-13-1985 Edwin Hale

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 13th day of February, 1985

(Seal) Dixie L. Thilges
DIXIE L. THILGES

Name (Typed or Printed)
Notary Public in and for said County and State



3190 Clearview Way, #222, San Mateo, CA 94402

BOOK 34 PAGE 372
FOR NOTARY SEAL OR STAMP

50396X

CERTIFICATE OF DEATH

LOCAL REGISTRATION

1594

DISTRICT AND

4100

1585

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEASED—FIRST NAME	1B. MIDDLE NAME	1C. LAST NAME	2A. DATE OF DEATH—MONTH, DAY, YEAR	2B. HOUR
	3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR "FOREIGN COUNTRY")	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)
	8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER		10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER
	12. LAST OCCUPATION	13. YEARS OF SERVICE IN THE OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM	15. KIND OF INDUSTRY OR BUSINESS	
PLACE OF DEATH	16. IF DECEASED WAS EVER IN U.S. ARMY OR NAVAL RESERVE, GIVE YEAR OR DATES OF SERVICE	17. SPECIFY MARRIED NEVER MARRIED WIDOWED DIVORCED	18A. NAME OF PRESENT SPOUSE	18B. PRESENT OR LAST OCCUPATION OF SPOUSE	
	19A. PLACE OF DEATH—NAME OF HOSPITAL	19B. STREET ADDRESS—1076 STREET OR RURAL ADDRESS OR LOCATION, DO NOT USE P.O. BOX NUMBER(S)			
	19C. CITY OR TOWN	19D. COUNTY	19E. LENGTH OF STAY IN COUNTY OF DEATH	19F. LENGTH OF STAY IN CALIFORNIA	
	20A. LAST USUAL RESIDENCE—STREET ADDRESS (USE STREET OR RURAL ADDRESS OR LOCATION, DO NOT USE P.O. BOX NUMBER)	20B. CITY OR TOWN	20C. COUNTY	20D. STATE	21. NAME OF INFORMANT (IF OTHER THAN SPOUSE)
PHYSICIAN'S OR CORONER'S CERTIFICATION	22A. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSE STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 7-10-64 AND THAT I LAST SAW THE DECEASED ON 7-15-64			22C. PHYSICIAN OR CORONER—SIGNATURE	
	22B. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSE STATED BELOW AND THAT I HAVE HELD			22D. ADDRESS	
	22E. DATE SIGNED			22F. DATE SIGNED	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. METHOD OF BURIAL—ENTOMBMENT OR CREMATION	24. DATE	25. NAME OF CEMETERY OR CREMATORY	26. EMBALMER—SIGNATURE (IF BODY EMBALMED)—LICENSE NUMBER	
	27. NAME OF FUNERAL DIRECTOR (SIGN IF FROM ACTING FIRM)	28. DATE ACCEPTED FOR REGISTRATION (SIGN BY LOCAL REGISTRAR)	29. LOCAL REGISTRAR—SIGNATURE		
CAUSE OF DEATH	30. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR 1A1, 1B1, AND 1C1)				
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A1)				
OPERATION AND AUTOPSY	31. OPERATION—CHECK ONE				
	32. DATE OF OPERATION				
INJURY INFORMATION	34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE				
	34B. DESCRIBE HOW INJURY OCCURRED				
35. INJURY OCCURRED					
35C. PLACE OF INJURY					
35D. CITY, TOWN, OR LOCATION					

The foregoing document is a true and correct copy of the original record filed in this office.

CERTIFIED Dated: FEB 27 1965

Maryln Church, County Recorder in and for the County of San Mateo, State of California.

By: [Signature] Deputy



RECORDED AT REQUEST OF Edwina Hale BOOK 134 PAGE 373

65 MAR 18 10: 22

OFFICE OF THE COUNTY CLERK, SAN MATEO COUNTY, CALIFORNIA FILE NO. 50396X

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