

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF CALIFORNIA)
) ss.
 COUNTY OF LOS ANGELES)

JOHN V WOODS, being first duly sworn, deposes and says:

That Affiant was the husband of WANDA H. WOODS, also known as WANDA HELEN WOODS, who died on January 10, 1985, in Redondo Beach, California, that Affiant was one of the Grantees in that certain Deed to Joint Tenants dated February 25, 1964, wherein CRESCENT VALLEY RANCH & FARMS, a Nevada corporation, is Grantor, and JOHN V. WOODS and WANDA H. WOODS, his wife, are Grantees, as Joint Tenants, which said Deed was recorded in the Office of the County Recorder of the County of Eureka, State of Nevada, on March 6, 1964, in Book 3 of Official Records at page 412, under File No. 39669, which said Deed to Joint Tenants conveys to Grantees those certain lots, pieces or parcels of land situate in the County of Eureka, State of Nevada, and more particularly described as follows, to-wit:

The Northeast quarter of the Southwest quarter of Section 19, Township 29 North, Range 49 East, MDB&M, as per Government Survey.

SUBJECT TO any and all exceptions, reservations, restrictions, restrictive covenants, assessments, easements, rights, and rights of way of record.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

That the said WANDA H. WOODS, one of the Grantees in said Deed, who died on January 10, 1985, and WANDA HELEN WOODS, named in that certain certified copy of the Certificate of Death, attached hereto, are one and the same person; that the said Certificate of Death is hereby referred to and by such reference

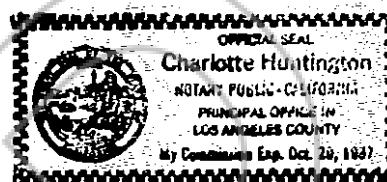
is incorporated into this paragraph as though herein fully set forth.

DATED this March 14 day of March, A. D., 1985.

John V. Woods
JOHN V. WOODS

Subscribed and sworn to before me
this 14th day of March, 1985.

Charlotte Huntington
NOTARY PUBLIC



CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER		1A NAME OF DECEDENT—FIRST		1B MIDDLE	1C LAST	2A DATE OF DEATH—MONTH, DAY, YEAR				2B HOUR
		Wanda		Helen	Woods	January 10, 1985				1630
DECEDENT PERSONAL DATA	3 SEX	4 RACE/ETHNICITY	5 SPANISH/HISPANIC	6 DATE OF BIRTH		7 AGE	8 UNDER 1 YEAR	9 UNDER 24 HOURS		
	female	white	NO	May 2, 1911		73 YEARS				
	8 BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9 NAME AND BIRTHPLACE OF FATHER				10 BIRTH NAME AND BIRTHPLACE OF MOTHER			
	Kansas		Hoyte A. Linton - Kansas				Gertrude L. Atkins-Kansas			
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13 MARITAL STATUS		14 NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME				
U.S.A.				married		John V. Woods				
15 PRIMARY OCCUPATION		16 NUMBER OF YEARS THIS OCCUPATION	17 EMPLOYER OF SELF-EMPLOYED, SO STATE			18 KIND OF INDUSTRY OR BUSINESS				
homemaker		47	self employed			own home				
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)					19B. CITY OR TOWN				
	5335 Reese Road					Torrance				
PLACE OF DEATH	19C. COUNTY		19D. STATE		20 NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
	Los Angeles		California		John V. Woods - husband					
	21A. PLACE OF DEATH		21B. COUNTY		5335 Reese Road					
South Bay Community Hospital Los Angeles		Redondo Beach		Torrance, CA. 90505						
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN								
514 N. Prospect Avenue		Redondo Beach								
CAUSE OF DEATH	22 DEATH WAS CAUSED BY IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C									
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.									
	(A) <u>Acute & Chronic Respiratory Failure</u> Years									
	(B) <u>COPD</u> Years									
(C)										
23 OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A										
<u>metastatic carcinoma of lung</u>										
PHYSICIAN'S CERTIFICATION	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED					28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER
	I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. OR DA. YR.)					28E. TYPE PHYSICIAN'S NAME AND ADDRESS		1/10/79		1/10/85
	1/10/79					Steven Kolodny, M.D. 510 N. Prospect, Redondo Beach, CA		1/1/85		6-18942
INJURY INFORMATION	29. SPECIFY ACCIDENT, SUICIDE, ETC.					30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR
										32B. HOUR
CORONER'S USE ONLY	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)					34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH PRECEDED 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		Jan. 14, 1985		Pacific Crest Crematory 2701 W. 182nd St., Redondo Beach, CA.		#5229				
40A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR				
RICE MORTUARY-TORRANCE		F-1113		JAN 14 1985		JAN 14 1985				
STATE REGISTRAR	A	B	C	D	E	F				

VS-117-83

01-9-1-0734

87504-449 8-83 400M DWP OOSP

APPLICATION TO AMEND A RECORD BY AFFIDAVIT

I hereby make application to amend the Death certificate of Wanda Helen Woods,
which occurred on January 10, 1985 (DATE OF EVENT) (NAME OF PERSON WHOSE RECORD IS BEING AMENDED)

The application should be typed or printed in black ink, because this form becomes a part of a permanent record.

If the application to amend the record is filed within 1 year of the date of the occurrence of the event there is no fee for filing the affidavit.

If the application to amend the record is filed 1 year or more after the date of occurrence of the event there is a fee of five dollars (\$5.00) for filing the affidavit, which fee includes one certified copy of the newly amended record.

The fee for each additional certified copy is three dollars (\$3.00). See reverse side for instructions.

Enclosed is the fee of \$ 0 for filing the affidavit and one certified copy of the newly amended record.

Enclosed is the fee of \$ 0 for additional certified copies of the newly amended record.

[Signature]
SIGNATURE OF APPLICANT

5310 Torrance Blvd., Torrance, CA 90503
ADDRESS OF APPLICANT

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE

STATE CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I

FACTS AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	1a. FIRST NAME	1b. MIDDLE NAME		1c. LAST NAME
	Wanda	Helen		Woods
	2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE—CITY AND COUNTY	
	Female	Jan. 10, 1985	Redondo Beach, Los Angeles	
	5. NAME OF FATHER		6. BIRTH NAME OF MOTHER	
	Hoyte A. Linton		Gertrude L. Atkins	

PART II

STATEMENT OF CORRECTIONS	7. ITEM NUMBER	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
	#9	Hoyte A. Linton	Hoyt A. Linton
	#12	[REDACTED]	[REDACTED]
REASON FOR CORRECTION	9. Incorrect information given at time of arrangement.		

PART III

FIRST SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1	12. AGE OF PERSON COMPLETING THE AFFIDAVIT
	<i>[Signature]</i>	Funeral Director	Adult
	13. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)	
	1/22/85	5310 Torrance Blvd., Torrance, CA 90503	
SECOND SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1	17. AGE OF PERSON COMPLETING THE AFFIDAVIT
	<i>[Signature]</i>	Funeral Director	Adult
	18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)	
	1/22/85	5310 Torrance Blvd., Torrance, CA 90503	
STATE OR LOCAL REGISTRAR USE ONLY	20. DATE ACCEPTED	21. OFFICE OF THE STATE OR LOCAL REGISTRAR	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 1-78) FORM VS-2

RECORDED AT REQUEST OF
Puccinelli & Puccinelli
BOOK 134 PAGE 380

85 MAR 20 AM 11:44

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 98576
FEE \$ 8.00

BOOK 134 PAGE 383