

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

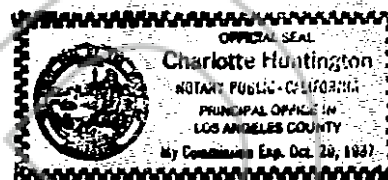
is incorporated into this paragraph as though herein fully set forth.

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

John V. Woods  
JOHN V. WOODS

Subscribed and sworn to before me  
this 14<sup>th</sup> day of March, 1985.

Charlotte Huntington  
NOTARY PUBLIC



**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA

STATE FILE NUMBER		REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF DECEDENT—FIRST 1B MIDDLE 1C LAST Wanda Helen Woods		2A DATE OF DEATH—MONTH, DAY, YEAR 2B HOUR January 10, 1985 1630	
3 SEX 4 RACE/ETHNICITY female white		5 SPANISH/HISPANIC AND ORIGIN K	6 DATE OF BIRTH May 2, 1911
7 AGE 73 YEARS		8 UNDER 1 YEAR MONTHS	9 UNDER 24 HOURS HOURS MINUTES
8 BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Kansas		9 NAME AND BIRTHPLACE OF FATHER Hoyte A. Linton - Kansas	
10 BIRTH NAME AND BIRTHPLACE OF MOTHER Gertrude L. Atkins-Kansas		11 CITIZEN OF WHAT COUNTRY U.S.A.	
12 SOCIAL SECURITY NUMBER		13 MARITAL STATUS married	
14 NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) John V. Woods		15 PRIMARY OCCUPATION homemaker	
16 NUMBER OF YEARS THIS OCCUPATION 47		17 EMPLOYER (IF SELF-EMPLOYED, SO STATE) self employed	
18 KIND OF INDUSTRY OR BUSINESS own home		19A USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 19B 5335 Reese Road	
19C CITY OR TOWN Torrance		19D COUNTY Los Angeles	
19E STATE California		20 NAME AND ADDRESS OF INFORMANT—RELATIONSHIP John V. Woods - husband	
21A PLACE OF DEATH South Bay Community Hospital Los Angeles		21B COUNTY Los Angeles	
21C STREET ADDRESS (STREET AND NUMBER OR LOCATION) 514 N. Prospect Avenue		21D CITY OR TOWN Redondo Beach	
22 DEATH WAS CAUSED BY IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (A) Acute & Chronic Respiratory Failure DUE TO OR AS A CONSEQUENCE OF (B) COPD DUE TO, OR AS A CONSEQUENCE OF (C)		23 OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A Metastatic Carcinoma of Lung	24 WAS DEATH REPORTED TO CORONER? No
25 WASopsy PERFORMED? YES 1/12/85		26 WAS AUTOPSY PERFORMED? No	27 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION Bronchoscopy
28A I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE. ENTER MO. DA. THX ENTER MO. DA. YR. 1/10/79 1/10/85		28B PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Steven Kolodny, M.D.	28C DATE SIGNED 28D PHYSICIAN'S LICENSE NUMBER 1/11/85 G-18942
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 RELATED TO 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 INQUIRY INVESTIGATION.		35B CORONER—SIGNATURE AND DEGREE OR TITLE	
35C DATE SIGNED		36 DISPOSITION cremation	
37 DATE—MONTH, DAY, YEAR Jan. 14, 1985		38 NAME AND ADDRESS OF CEMETERY OR CREMATORY Pacific Crest Crematory 2701 W. 182nd St., Redondo Beach, CA.	
39 EMBALMER'S LICENSE NUMBER AND SIGNATURE #5229 Dan Riva		40A NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) RICE MORTUARY-TORRANCE	
40B LICENSE NO. F-1113		41 LOCAL REGISTRAR—SIGNATURE JAL	
42 DATE ACCEPTED BY LOCAL REGISTRAR		STATE REGISTRAR	

YS-117-83

01-9-1-0734 87804-449 8-83 400M DUP 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] 5310 Torrance Blvd., Torrance, CA 90503  
SIGNATURE OF APPLICANT 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
	[Signature]	Funeral Director	Adult
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
	[Signature]	Funeral Director	Adult
STATE OR LOCAL REGISTRAR USE ONLY	13. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)	
	1/22/85	5310 Torrance Blvd., Torrance, CA 90503	
	18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)	
	1/22/85	5310 Torrance Blvd., Torrance, CA 90503	
	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 11:44

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

BOOK 134 PAGE 383