

RECORDING REQUESTED BY

39732

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

NAME
STREET
ADDRESS
CITY, STATE
ZIP

MARTHA JANE AMOS
5065 ARROWAY AVE.
COVINA, CALIF. 91724

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

} ss.

MARtha J. AMOS

, of legal age, being first duly sworn, deposes and says:

That LAINey WARREN AMOS

, the decedent mentioned in the attached certified

copy of Certificate of Death, is the same person as LAINey W. AMOSnamed as one of the parties in that certain LAND DEED dated MARCH 18th, 1966,executed by CRESCENT VALLEY RANCH & FARMSto LAINey W. AMOS & MARTHA J. AMOSas joint tenants, recorded as Instrument No. 41837, on MARCH 23, 1966. InBook 10, Page 212, of the Official Records in the Office of the County Recorder ofEUREKA County, State of NEVADA, concerning the following described real property situated in theCity of CRESCENT VALLEY, County of EUREKA, State of CALIFORNIA:
NEVADA

Due to the DEATH of LAINey WARREN AMOS PLEASE REMOVE his NAME
FROM the LAND DEED. LEAVING MARTHA JANE AMOS AS SOLE OWNER.

lot 2 of Block 19 of Crescent Valley Ranch & Farms, unit #4,

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

June 221985MARTHA J. AMOS

(Signature of Joint Tenant)

MARTHA J. AMOS

(Type or Print Full Name of Joint Tenant)

SUBSCRIBED AND SWORN TO BEFORE ME

this

22

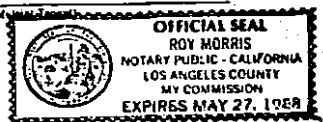
day of

June1985

(Signature of Notary)

(Signature of Joint Tenant)

(Type or Print Full Name of Joint Tenant)



AFFIDAVIT—DEATH OF JOINT TENANT
WOLCOTT'S FORM 300—Rev. 11-82
(price class 3)

This standard form is intended for the typical situations encountered in the field indicated. However, before you sign, read it, fill in all blanks, and make
whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use.
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BOOK 137 PAGE 078

CERTIFICATE OF DEATH STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	
Lainey		Warren	
1C. LAST		1D. DATE OF DEATH (MONTH, DAY, YEAR)	
Amos		April 20, 1985	
1E. HOUR		1F. MINUTE	
1514			
3. SEX		4. RACE/ETHNICITY	
Male		White/American	
5. SPANISH/HISPANIC		6. DATE OF BIRTH	
NO		August 19, 1904	
7. AGE		8. IF UNDER 1 YEAR	
80 YEARS		MONTHS DAYS	
9. IF UNDER 24 HOURS		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
HOURS MINUTES		Ann Siers - Minnesota	
DECEDENT PERSONAL DATA		11. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	
Minnesota		12. NAME AND BIRTHPLACE OF FATHER	
Tim Amos - Minnesota			
13A. CITIZEN OF WHAT COUNTRY		13B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	
U.S.A.		19 TO 19	
14. SOCIAL SECURITY NUMBER		15. MARITAL STATUS	
		Married	
16. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME		17. KIND OF INDUSTRY OR BUSINESS	
Martha J. Beck		Steel Fabrication	
18. PRIMARY OCCUPATION		19. NUMBER OF YEARS THIS OCCUPATION	
Warehouseman		15	
20. EMPLOYER OF SELF-EMPLOYED, SO STATED		21. ROLLED STEEL COMPANY	
74100			
USUAL RESIDENCE		22. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
721 Sunset Avenue		74100	
23. COUNTY		24. STATE	
Riverside		California	
25. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		26. CITY OR TOWN	
Dennis F. Roberts - Grandson		Banning	
27. PLACE OF DEATH		28. COUNTY	
San Geronimo Pass Hospital		Riverside	
29. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		30. CITY OR TOWN	
600 No. Highland Springs Ave.		Banning	
31. CAUSE OF DEATH		32. CITY OR TOWN	
Fontana, California			
33. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		34. WAS DEATH REPORTED TO CORONER?	
(A) Massive retroperitoneal bleeding		Yes 55701	
(B) Ruptured aneurysm of Abdominal Aorta		35. WAS AUTOPSY PERFORMED?	
6/2/85 11:54		No	
(C) CHOLELITHIASIS		36. WAS AUTOPSY PERFORMED?	
		Yes	
37. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		38. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
		NO	
39. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		40. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
41. ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		42. DATE SIGNED	
		43. PHYSICIAN'S LICENSE NUMBER	
44. TYPE PHYSICIAN'S NAME AND ADDRESS			
45. SPECIFY ACCIDENT, SUICIDE, ETC.		46. PLACE OF INJURY	
47. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		48. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
49. 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-INVIGATION)		50. CORONER—SIGNATURE AND DEGREE OR TITLE	
Investigation By: Kenneth J. McQuinn		51. DATE SIGNED	
52. CORONER'S LICENSE NUMBER AND SIGNATURE		53. DATE ACCEPTED BY LOCAL REGISTRAR	
6642 Paul J. McQuinn		APR 25 1985	
54. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		55. LICENSE NO.	
Rose Hills Mortuary		970	
56. LOCAL REGISTRAR—SIGNATURE		57. DATE ACCEPTED BY LOCAL REGISTRAR	
Edward J. Gallagher		APR 25 1985	
58. STATE REGISTRAR		59. COUNTY REGISTRAR	
A.		B.	
C.		D.	
E.			

***** This must be in red to be a "CERTIFIED COPY" *****

RECORDED AT REQUEST OF
Martha J. Amos COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION
 BC011 137 Date 7/8

APR 29 1985

85 JUL 2 10:55 hereby certify that this is a true copy of a certificate on file in the County of Riverside, Department of Health if the certification is in red.

OFFICIAL RECORDS
 CLERK COUNTY REVA
 H.H. REBALENTI
 FILE NO. 99732
 REF E. 6:00
 Edward J. Gallagher, M.D.
 Director of Health & Local Registrar

DOH-VS-004 (REV 4/84)



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