

RECORDING REQUESTED BY

99732

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

NAME: MARTHA JANE AMOS
STREET ADDRESS: 5065 ARROWAY AVE.
CITY, STATE, ZIP: 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 LAINY WARREN AMOS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LAINY W. AMOS named as one of the parties in that certain LAND DEED dated MARCH 18th, 1966, executed by CRESCENT VALLEY RANCH & FARMS to LAINY W. AMOS & MARTHA J. AMOS as joint tenants, recorded as Instrument No. 41837, on MARCH 23, 1966. In Book 10, Page 312, of the Official Records in the Office of the County Recorder of EUREKA County, State of NEVADA, concerning the following described real property situated in the City of CRESCENT VALLEY, County of EUREKA, State of CALIFORNIA:
NEVADA

Due to the DEATH of LAINY 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 22, 1985

Martha J. Amos
(Signature of Joint Tenant)
MARTHA J. AMOS
(Type or Print Full Name of Joint Tenant)

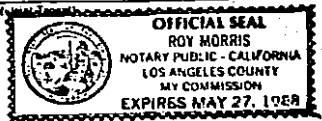
SUBSCRIBED AND SWORN TO BEFORE ME

this 22 day of June, 1985

[Signature]
(Signature of Notary)

(Signature of Joint Tenant)

(Type or Print Full Name of Joint Tenant)



CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST			1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
Lainey			Warren	Amos	April 20, 1985		1514	
DECEDENT PERSONAL DATA	3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	8. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOURS
	Male	White/American	NO	August 19, 1904		80 YEARS		
	B. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER		
	Minnesota		Tim Amos - Minnesota			Ann Siers - Minnesota		
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME				
U.S.A.	19 TO 19		Married	Martha J. Beck				
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER OF SELF-EMPLOYED, SO STATED		18. KIND OF INDUSTRY OR BUSINESS				
Warehouseman	15	Rolled Steel Company		Steel Fabrication				
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.	19C. CITY OR TOWN			
	721 Sunset Avenue			74100	Banning			
PLACE OF DEATH	19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
	Riverside	California	Dennis F. Roberts - Grandson					
	21A. PLACE OF DEATH	21B. COUNTY	.7515 Blanchard Street					
	San Gorgonio Pass Hospital	Riverside	Fontana, California					
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	22. DEATH WAS CAUSED BY. ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						
600 No. Highland Springs Ave.	Banning	(A) <i>Massive retroperitoneal bleeding</i> DUE TO, OR AS A CONSEQUENCE OF (B) <i>Ruptured aneurysm of Abdominal aorta</i> DUE TO, OR AS A CONSEQUENCE OF 6/22/85 11:58 Chas. W. G. M.P. (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	24. WAS DEATH REPORTED TO CORONER?	25. WAS MOPBY PERFORMED?	26. WAS AUTOPSY PERFORMED?				
		Yes 55701	No	Yes	DATE <i>NO</i>			
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. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)			29E. TYPE PHYSICIAN'S NAME AND ADDRESS			
INJURY INFORMATION	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)						
CORONER'S USE ONLY	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	35D. CORONER'S LICENSE NUMBER AND SIGNATURE				
		Investigation By: <i>James H. ...</i>	4-23-85	6642 <i>Paul ...</i>				
36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. LOCAL REGISTRAR'S SIGNATURE					
Burial	April 25, 1985	Rose Hills Memorial Park 3900 S. Workman Hill Rd.—Whittier, CA	Edward J. Gallagher, M.D.					
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR'S SIGNATURE	DATE ACCEPTED BY LOCAL REGISTRAR					
Rose Hills Mortuary	970	APR 25 1985						
STATE 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
BCON 137 Date 78
Date Of Amendments, if any _____

APR 29 1985

85 JUL 2 AIO: 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
SUIERA COUNTY, NEVADA
M.H. REBALENI, RECORDER
FILE NO. 99732 Edward J. Gallagher, M.D.
REV E. 6:00 Director of Health & Local Registrar

