

100006

RECORDING REQUESTED BY

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

DR. PAULINE GILLIAM
15 CIRCLE DR.
OROVILLE, CA. 95965

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX \$ 53.4
 computed on full value of property conveyed, or
 computed on full value less value of liens and encumbrances remaining at the time of sale.

Dr. Pauline Gilliam
Signature of Declarant or Agent Determining Tax Full Name

CHESTER R. BOARD

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do ES hereby remise, release and forever quitclaim to **DR. PAULINE GILLIAM**

the following described real property in the City of **EUREKA COUNTY, NV.**
County of **EUREKA** State of ~~KAN~~ **NEVADA**

TOWNSHIP 30 NORTH RANGE 48 EAST SECTION 21-LOT # 3
BLOCK 15---- 6.44ACRES

Assessor's parcel No. 3-103-04 LOT-6 BLOCK -15 DISTRICT -4.0
ROLL 00234

Executed on JULY 14, 1985 at _____

Chester R. Board and Sister

STATE OF ~~KALIFORNIA~~ CALIFORNIA

COUNTY OF Butte } ss.

On this 25th day of July in the year 19 85, before me, the undersigned, a Notary Public in and for said State, personally appeared

CHESTER R. BOARD *****

***** personally who could die (or proved to

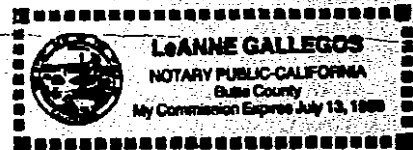
me on the basis of satisfactory evidence) to be the person whose name

is subscribed to the within instrument, and acknowledged to me that

he executed it.

WITNESS my hand and official seal.

Loanne Gallegos
Notary Public in and for said State



(This area for official notarial seal)

MAIL TAX STATEMENTS TO DR. PAULINE GILLIAM 15 CIRCLE DR. OROVILLE, CA. 95965
NAME ADDRESS ZIP

BOOK 1 37 PAGE 469

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

0497

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	
EDNA		MAE	BOARD		March 11, 1983	0517	
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES	
Female	Caucasian	NO	August 16, 1907		75		
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
California		Calvin Keener / Illinois		Mae P. Unknown / Unknown			
11. COUNTRY OF BIRTH		12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		
U.S.A.			Married		Chester Board		
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. NAME OF INDUSTRY OF BUSINESS		
Department of Finance Supervisor		30	State of California		Government		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.		19C. CITY OR TOWN		
15 Circle Drive					Oroville		
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
Butte		California		Chester Board (Husband) 15 Circle Drive Oroville, California 95965			
21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OR TOWN			
Medical Center Hospital		Butte		Oroville			
21D. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21E. CITY OR TOWN					
2767 Olive Highway		Oroville					
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		
IMMEDIATE CAUSE			NONE		MULTIPLE SURGERIES / LAST IN 1981		
(A) BRONCHOPNEUMONIA, SECONDARY					2 DAYS		
(B) CARCINOMATOSIS					8 YEARS		
(C) ADENOCARCINOMA BREAST					12 YEARS		
24. WAS DEATH REPORTED TO CORONER?			25. WAS BIOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?		
NO			NO		NO		
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28B. I CERTIFY THAT I AM A PHYSICIAN—SIGNATURE AND SECRET OR TITLE		28C. DATE SIGNED		
Sept. 1976 March 10, 1983			Charles W. Lester M.D.		March 11, 83		
28D. PHYSICIAN'S LICENSE NUMBER			28E. TYPE PHYSICIAN'S NAME AND ADDRESS				
A 13432			Charles W. Lester, M.D./2767 Olive Highway, Oroville, Calif				
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)					
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 SECRET OR TITLE		35C. DATE SIGNED		
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OF CREMATORIUM		39. EMPLOYEE'S LICENSE NUMBER AND SIGNATURE	
Burial		Mar. 14, 1983		Forest Lawn Memorial Park/Los Angeles, Ca		7315 [Signature]	
40. LICENSE NO.		41. LICENSE NO.		42. DATE OF EXPIRATION		43. DATE OF REISSUE	
Oroville Funeral Home		F 464		March 12 1983			
STATE REGISTRAR		A.		B.		C.	

CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital record which is on file in this office and of which I am the legal custodian.

Charles W. Lester
REGISTRAR OF VITAL STATISTICS

YUTE COUNTY HEALTH DEPARTMENT
18-B County Center Drive
Oroville, California 95965

MAR 12 1983

DATE OF CERTIFICATION

SEAL
Affixed

RECORDED AT REQUEST OF
Dr. Pauline Gilliam
BOOK 137 PAGE 467

85 AUG 12 A10:37

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 100006
FFS 6.00

BOOK 137 PAGE 470
END OF DOCUMENT

BOOK 2809 PAGE 54