

Frederick T. Kolosick

100072

AND WHEN RECORDED MAIL TO

Frederick T. & Georgena F. Kolosick

Name

Street Address
City & State

17072 Benwood

Covina, Ca. 91722

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

TO 428 CA (12-74)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

A.P.N.

STATE OF CALIFORNIA, Nevada

COUNTY OF Eureka

ss.

Frederick T. Kolosick

That Rose Kolosick

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

Certificate of Death, is the same person as Rose Kolosick named as one of the parties in that certain Deed dated November 5, 1966, executed by In-Town & Desert Realty, A California Corporation to Rose Kolosick, a Widow, and Frederick T. Kolosick and Georgena F. Kolosick, husband and wife,

as joint tenants, recorded as Instrument No. 43701, on January 17, 1967, in

Book/Recd 15, Page/Image 448, of Official Records of Eureka

County, Nevada, covering the following described property situated in the

County of Eureka

State of California: Nevada.

The Northeast quarter of the Northwest quarter of Section 17, Township 30 North, Range 49 East, M.D.B.&M. as per Government Survey.

Reserving Therefrom an easement of 30 feet along the northerly and easterly boundaries for ingress and egress with power to dedicate.

Subject to 1. Taxes due not heretofore paid.
2. Covenants, conditions, restrictions, reservations, easements, Rights and/or rights of way of record.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$3000.00

Dated 8/14/85

Frederick T. Kolosick

SUBSCRIBED AND SWORN TO before me

this 14th day of August, 1985

Signature

Carrie M. Jones

Carrie M. Jones



(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

BOOK 137 PAGE 539

CERTIFICATE OF DEATH

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

DECEASED PERSONAL DATA	1. NAME OF DECEASED—FIRST NAME Rose	2. MIDDLE NAME -----	3. LAST NAME KOLOSIK	4. DATE OF BIRTH February 22, 1975	5. TIME OF DEATH 1:07 P.M.	
	6. SEX Female	7. COLOR OR RACE Cauc.	8. BIRTHPLACE Iowa	9. DATE OF BIRTH May 5, 1887	10. AGE 87	
	11. NAME AND BIRTHPLACE OF FATHER Frank Havel, Sr. - Unknown		12. NAME AND BIRTHPLACE OF MOTHER Anna Pasher - Unknown			
	13. CITIZEN OF WHAT COUNTRY U.S.A.	14. SOCIAL SECURITY NUMBER -----	15. MARRIAGE STATUS (MARRIED, SEPARATED, DIVORCED, SPECIFY) Widowed	16. NAME OF SURVIVING SPOUSE (IF ANY)		
17. LAST OCCUPATION Homemaker		18. NUMBER OF YEARS IN THIS OCCUPATION 67	19. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF EMPLOYED IN STATE) Self	20. KIND OF INDUSTRY (IF EMPLOYED) Homemaking		
PLACE OF DEATH	21. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Inter Community Hospital		22. STREET ADDRESS—STREET AND NUMBER, OR LOCATION 275 West College Avenue		23. CITY OR TOWN Covina	
	24. CITY OR TOWN Covina		25. COUNTY Los Angeles	26. ZIP CODE 91722	27. COUNTY 31	
USUAL RESIDENCE IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION	28. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 302 North Azusa Avenue		29. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes	30. NAME AND MAILING ADDRESS OF INFORMANT Rev. Fred T. Kolosick 17072 Benwood Covina, Ca. 91722		
	31. CITY OR TOWN Azusa	32. COUNTY Los Angeles	33. STATE California	34. ZIP CODE 91722		
PHYSICIAN'S OR CORONER'S CERTIFICATION	35. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE PLACE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. 3/21/61		36. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 2/22/75		37. DATE OF DEATH 2/24/75	
	38. ADDRESS 540 S EREMLAND COVINA		39. ADDRESS 540 S EREMLAND COVINA		40. LICENSE NUMBER C-15722	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial	42. DATE 2/25/75	43. NAME OF CEMETERY OR CREMATORY Oakdale Memorial Park		44. LOCAL REGISTRAR SIGNATURE Robert Colthier 5490	
	45. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Oakdale Mortuary		46. IF NOT EMPLOYED BY REGISTRAR, WAS THIS DEATH REPORTED TO REGISTRAR (SPECIFY YES OR NO) no	47. LOCAL REGISTRAR SIGNATURE Robert Colthier 5490		
CAUSE OF DEATH	29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C. (A) GASTRO-INTESTINAL BLEEDING				30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTORS TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. 31. HAD OPPIANT OR ANOTHER DRUGS BEEN TAKEN BY DECEASED AT TIME OF DEATH? (SPECIFY YES OR NO) no 32. HAD ALCOHOL BEEN TAKEN BY DECEASED AT TIME OF DEATH? (SPECIFY YES OR NO) no	
	CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (B) UREMIA (C) ARTERIOSCLEROTIC & HYPERTENSIVE (RENAL) & V DIS					
INJURY INFORMATION	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, PARK, PLACE OF BUSINESS, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36. STATE OF INJURY (SPECIFY YES OR NO)	37. HOUR	
	38. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		39. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	40. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	41. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	42. HOUR
43. DESCRIBE HOW INJURY OCCURRED (ENTER THE TYPE OF EVENTS WHICH RESULTED IN INJURY AND THE PLACE OF INJURY IF DIFFERENT FROM THAT OF DEATH)						
STATE REGISTRAR	A	B	C	D	E	

RECORDED AT REQUEST OF
Frederick T. Kolosick
BOOK 137 PAGE 539

85 AUG 16 AM 1:13

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
M.N. REBELETTI RECORDER
FILE NO. 100072
FFB \$ 6.00

THIS IS A TRUE CERTIFIED COPY OF THE ORIGINAL FILED IN THE CITY OF LOS ANGELES IN THE OFFICE OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

FEB 24 1975

Robert Colthier
Robert A. Wilke III, Director of Health Services

BOOK 137 PAGE 540