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AFFIDAVIT TERMINATING JOINT TENANCY DEED OR AFFIDAVIT OF DEATH
(NRS Section 40.470 and NRS Section 111.365)

I, MARGARUET V. BAILEY, being duly sworn, hereby declare as follows:

1. There exists a parcel of real property situated in the State of Nevada, described as follows: Township 31 North Range 48, East, M.D.B. & M. Section 9: the South one-half of the Northwest one quarter, as per government survey;

2. By way of Deed dated June 10, 1967, by and between, Allen S. Hopkins and Lucille L. Hopkins, and Gerry H. Bailey and Margaruet Bailey and Betty L. Smalley as joint tenants, I took, with my Husband, an interest in the above-described property with Betty L. Smalley, in joint tenancy, with right of survivorship. Betty L. Smalley subsequently re-married and her name therefore, changed to Betty L. Barrett;

3. On April 10, 1984, at the City of Rialto, County of San Bernardino, State of California, Betty L. Barrett, also known as, Betty L. Smalley, died. A certified copy of the Death Certificate on record in the office of the Recorder of San Bernardino County, California is attached hereto, and made a part hereof.

Executed under penalty of perjury, this 16th day of September, 1985 at Kirkland, Wa., King County, Washington.

Margaruet V. Bailey
MARGARUET V. BAILEY

STATE OF WASHINGTON)
COUNTY OF KING) SS
On the 16th day of September, 1985, before me, personally appeared MARGARUET V. BAILEY, known to me to be the person who executed the above instrument and acknowledged to me that she executed same.

Donna J Morris
NOTARY PUBLIC



CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3600 02335

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) 12B. HOUR
Betty		Lee	Barrett		April 10, 1984 11643
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH		7. AGE
Female	White	NO	November 5, 1920		63 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)			9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Texas			Ed Barton - INK		Bonnie Horton Missouri
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME
U.S.A.			Divorced		
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER OF SELF-EMPLOYED, SO STATE		18. KIND OF INDUSTRY OR BUSINESS
Personnel Technician		25	L. A. County		Government
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.	19C. CITY OR TOWN	
813 Lake View Lane			1010	Twin Peaks	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
San Bernardino		California		Mrs. Bonnie Miller - Daughter	
21A. PLACE OF DEATH		21B. COUNTY		813 Lake View Lane	
Crestview Convalescent Hosp.		San Bernardino		Twin Peaks, California 92391	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN			
1471 S. Riverside Ave.		Rialto			
22. DEATH WAS CAUSED BY IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			24. WAS DEATH REPORTED TO CORONER?		25. WAS BOPSS PERFORMED?
(A) Adenocarcinoma of Lung			No		No
(B)					No
(C)					No
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		
No			No		
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
April 7, 1984		Richard Neil M.D.		April 9, 1984	A-2167
28E. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. OR YR.)		28F. TYPE PHYSICIAN'S NAME AND ADDRESS			
Apr 5, 1984		Richard Neil M.D. 25370 Park Avenue, Loma Linda, CA.			
29. SPECIFY ACCIDENT, SUICIDE ETC.		30. PLACE OF INJURY		31. INJURY AT HOME	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN DEATH)			
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I MAKE NO INQUIRY INTO INVESTIGATION		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Burial		4-14-1984		Forest Lawn Memorial Park	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REG. STR. NO. SIGNATURE	
Forest Lawn Mortuary/Covina		E1150		George R. Peltier	
STATE REGISTRAR				42. DATE ACCEPTED BY LOCAL REGISTRAR	
				April 13, 1984	

SEAL
Affixed



RECORDED AT REQUEST OF
Kurt Hanson
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85 SEP 27 11: 51

APR 26 1984

OFFICIAL RECORDS
CUREKA COUNTY, NEVADA
M.R. REDALEATI, RECORDER
FILE NO. 100413
FEE \$ 6.00

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