

Recorded at request of:

BETTY CARIA

When recorded mail to:

Mrs. Betty Caria
3645 Tamarack Drive
Redding, CA 96003

107915

AFFIDAVIT
DEATH OF JOINT TENANT

STATE OF CALIFORNIA,)
County of Shasta) ss.

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

That BETTY JEAN JAUREGUY, the decedent mentioned in the
attached certified copy of Certificate of Death, is the same person
as BETTY JEAN JAUREGUY named as one of the parties in that certain
Joint Tenancy Deed dated February 22, 1983, executed by BETTY JEAN
JAUREGUY to BETTY JEAN JAUREGUY and BETTY CARIA, as joint tenants,
recorded as File No. 87255 on March 8, 1983 in Book 109, Page 530,
of Official Records of the County of Eureka, State of Nevada,
covering the following described property situated in the County of
Eureka, State of Nevada, to-wit:

Parcel of land North of Block 95;
Beginning at a point which bears N. 10°31' W., a
distance of 150 ft. from the NE Corner of Lot 4, Block
95; thence N. 10° 31' W., a distance of 275 ft. to a
point; thence S. 80° 51' W., a distance of 170 ft. to a
point; thence S. 10° 31' E. a distance of 275 ft. to a
point; thence N. 80° 51' E., a distance of 170 ft. to
the place of beginning, as shown on the Plat of Eureka
Townsite, State of Nevada, as filed in the Office of
the Eureka County Recorder.

Dated: 3-6-, 1987

Betty Caria
BETTY CARIA

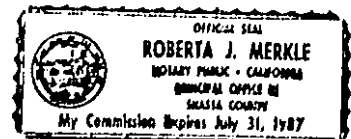
STATE OF CALIFORNIA }
County of Shasta }

On March 6, 1987, before me, the undersigned, a Notary Public
in and for said State, personally appeared

Betty Caria, personally known to me or proved to me
on the basis of satisfactory evidence to be the person whose name
subscribed to the within instrument, and acknowledged to me that she executed it.

Roberta J. Merkle
NOTARY PUBLIC

ACKNOWLEDGMENT - INDIVIDUAL
WTI FORM NO. 60 - 1/85



BOOK 156 PAGE 30

CERTIFICATE OF DEATH
STATE OF CALIFORNIA


4500 0054

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)
Betty		Jean	Jaureguy	17 January 1937
3. SEX		4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH
Female		White	08	4 March 1904
7. AGE		8. DATE OF BIRTH		9. UNDER 1 YEAR
82		4 March 1904		10. UNDER 24 HOURS
11. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Utah		Charles Baty - III.		Maude Hoel - Mo.
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS
USA		19 N/A TO 19 N/A		Widow
14. PRIMARY OCCUPATION		15. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER OF SELF-EMPLOYED, SO STATE	16. KIND OF INDUSTRY OR BUSINESS
Card Dealer		20	The Northern Club	Gambling
18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		18B. CITY OR TOWN		19. CITY OF TOWN
3645 Tamarack Drive		Redding		Redding
19B. COUNTY		19C. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Shasta		California	Betty Caria - Daughter	
21A. PLACE OF DEATH		21B. COUNTY	3645 Tamarack Drive	
Crestwood Convalescent Hospital		Shasta	Redding, California	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		
2490 Court Street		Redding		
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		
(A) <i>Cerebrovascular Accident</i>		5 Days		
(B) <i>None</i>				
(C) <i>None</i>				
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? DATE		
		None		
25A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		25B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	25C. DATE SIGNED	25D. PHYSICIAN'S LICENSE NUMBER
9-25-85 1-16-87		<i>Dr. David Short M.D.</i>	1-17-87	G 42413
26. SPECIFY ACCIDENT, SUICIDE, ETC.		26. PLACE OF INJURY	26. INJURY AT WORK	26A. DATE OF INJURY—MONTH, DAY, YEAR
26B. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		24. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH PRECEDED INJURY)		
25A. 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		25B. CORONER—SIGNATURE AND DEGREE OR TITLE	25C. DATE SIGNED	
26. DISPOSITION	27. DATE—MONTH, DAY, YEAR	28. NAME AND ADDRESS OF CEMETERY OR CREMATORY		29. CORONER'S SIGNATURE AND DEGREE OR TITLE
Burial	20 Jan. 1987	Lone Mountain Cem., Lovelock, Nev.		<i>Stephen J. Plank</i>
30. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	30B. LICENSE NO.	31. LOCAL REGISTRAR—SIGNATURE	32. DATE ACCEPTED BY LOCAL REGISTRAR	
Allen & Dahl Chapel	7516	<i>Margaret A. Poling</i>	JAN 19 1987	
STATE REGISTRAR	A.	B.	C.	D.

CERTIFICATION STATEMENT

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above-named decedent as registered in this office.

DATED: FEB 17 1987



SEAL Affixed
Stephen J. Plank
 Stephen J. Plank, M.D., Dr. P.H.
 Registrar of Vital Statistics
 Shasta County Health Department
 2650 Hospital Lane
 Redding, CA 96001

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VITALS STATEMENT MUST SHOW EMBOSSEMENT OF COUNTY SEAL

RECORDED AT REQUEST OF
David J. Morrow
BOOK 156 PAGE 032

87 APR 13 A 9: 05

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
K.N. REBEATI, RECORDER
FILE NO. 107915
FEE \$ 7.00

COPY

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