

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

Maxine L. Duffey
105 Lincoln Avenue
P.O. Box 46
Pleasantville, Ohio 43148

Order No. _____

Escrow No. _____

Loan No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

110355

NEVADA
STATE OF ~~CALIFORNIA~~
County of Eureka } ss.

MAXINE L. DUFFEY, of legal age, being first duly sworn, deposes and says:
That ZAMMARA DUFFEY, the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as ZAMMARA DUFFEY
named as one of the parties in that certain Quitclaim Deed dated March 1, 1973
executed by FRED W. MARQUARDT and DELMER F. MARQUARDT
to ZAMARA DUFFEY and MAXINE L. DUFFEY, his wife,
as joint tenants, recorded as Instrument No. 57320 on 5/16/73 in
Book 45, Page 370 of Official Records of Eureka County, ~~California~~
covering the following described property situated in the County of Eureka, State of ~~California~~
Nevada

Lots 6 and 7 of Block 7 of Crescent Valley Ranch & Farms Unit
No. 4, as per map recorded in said County as File No. 34552.

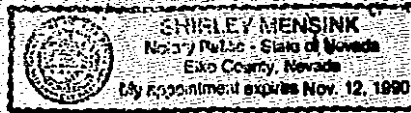
Dated: May 13, 1987

Maxine L. Duffey
Maxine L. Duffey

SUBSCRIBED AND SWORN TO before me, the
undersigned a Notary Public in and for said State,

this 13th day of May, 1987
WITNESS my hand and official seal.

Signature *Shirley Gessert*



Name (Typed or Printed)

(This area for official notarial seal)

BOOK 160 PAGE 584

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		24. DATE OF DEATH (MONTH, DAY, YEAR)		28. HOUR	
ZAMMARA (NINN)		December 25, 1983		1400	
1A. NAME OF DECEDENT—FIRST, MIDDLE, LAST		1C. LAST		7. AGE	
ZAMMARA		DUFFEY		75	
2. SEX		5. RACE/ETHNICITY		10. DATE, TIME AND PLACE OF BIRTH	
Male		White/Irish/Dutch Kl		December 3, 1910	
3. MARITAL STATUS		6. DATE OF BIRTH		11. MARRIAGE STATUS	
OH				Married	
4. RACE/ETHNICITY		8. NAME AND BIRTHPLACE OF FATHER		12. SOCIAL SECURITY NUMBER	
White/Irish/Dutch Kl		Zamarr Duffey - OH		40	
5. RACE/ETHNICITY		9. NAME AND BIRTHPLACE OF MOTHER		13. MARRIAGE STATUS	
OH		Nellie Temple - OH		Maxine Lofton	
6. DATE OF BIRTH		14. NAME OF SURVIVING SPOUSE (IF NOT THIS DEATH DATE)		18. KIND OF INDICTMENT OR BUSINESS	
December 3, 1910		Mrs. Maxine L. Duffey - Spouse		Service Station	
7. AGE		15. MARITAL STATUS		19C. CITY OR TOWN	
75		Married		San Jose	
8. NAME AND BIRTHPLACE OF FATHER		16. PLACE OF DEATH		20. NAME AND ADDRESS OF INFORMANT—(Relationship)	
Zamarr Duffey - OH		Mechanic		Mrs. Maxine L. Duffey - Spouse	
9. NAME AND BIRTHPLACE OF MOTHER		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		1824 Old Piedmont Rd.	
Nellie Temple - OH		AI Mancuso		San Jose, CA 95132	
10. DATE, TIME AND PLACE OF BIRTH		18. SEX		21. PLACE OF DEATH	
December 3, 1910		M		Santa Clara	
11. MARRIAGE STATUS		19A. USPS RESIDENCE—(Street Address) (Street and Number OR Location)		21B. COUNTY	
Married		1824 Old Piedmont Rd.		Santa Clara	
12. SOCIAL SECURITY NUMBER		19B. ZIP CODE		21C. CITY OR TOWN	
40		504308		San Jose	
13. MARRIAGE STATUS		19C. CITY OR TOWN		22. DATE AND TIME OF DEATH	
Married		San Jose		12/25/83	
14. NAME OF SURVIVING SPOUSE (IF NOT THIS DEATH DATE)		20. NAME AND ADDRESS OF INFORMANT—(Relationship)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT LISTED IN THE IMMEDIATE CAUSE OF DEATH	
Mrs. Maxine L. Duffey - Spouse		Mrs. Maxine L. Duffey - Spouse		15' 15' 15'	
1824 Old Piedmont Rd.		1824 Old Piedmont Rd.		24. WAS DEATH REPORTED TO CORONER?	
San Jose, CA 95132		San Jose, CA 95132		NO	
21. PLACE OF DEATH		21B. COUNTY		25. WAS MURDER PERFORMED?	
Santa Clara		Santa Clara		NO	
21C. CITY OR TOWN		21D. CITY OR TOWN		26. WAS AUTOPSY PERFORMED?	
San Jose		San Jose		NO	
22. DATE AND TIME OF DEATH		22A. TIME OF DEATH		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 21 OR 23?	
12/25/83		12:27 PM		NO	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT LISTED IN THE IMMEDIATE CAUSE OF DEATH		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 21 OR 23?		DATE	
15' 15' 15'		NO			
24. WAS DEATH REPORTED TO CORONER?		28. WITH NUMBER		28D. PHYSICIAN'S LICENSE NUMBER	
NO		12/27/83		A 25 575	
25. WAS MURDER PERFORMED?		29. SPECIFY ACCIDENT, SUICIDE, ETC.		33. LOCATION (Street and Number OR Location) AND CITY OR TOWN	
NO		Accident		Oak Hill Memorial Park, San Jose, CA	
26. WAS AUTOPSY PERFORMED?		30. PLACE OF INJURY		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
NO		12/25/83		Not-Embalmed	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 21 OR 23?		31. INJURY AT WORK		35. CORPSE—(Signature and Degree or Title)	
NO		No		Not-Embalmed	
28. WITH NUMBER		32. DATE OF INJURY		36. EMPHASIS 3 LICENSE NUMBER AND SIGNATURE	
12/27/83		12/25/83		Not-Embalmed	
28D. PHYSICIAN'S LICENSE NUMBER		33. LOCATION (Street and Number OR Location) AND CITY OR TOWN		37. DATE OF DEATH	
A 25 575		Oak Hill Memorial Park, San Jose, CA		Dec. 28, 1983	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		38. NAME AND ADDRESS OF CERTIFIER OF DEATH	
Accident		Not-Embalmed		Oak Hill Memorial Park, San Jose, CA	
30. PLACE OF INJURY		35. CORPSE—(Signature and Degree or Title)		39. SIGNATURE OF PHYSICIAN	
Oak Hill Memorial Park, San Jose, CA		Not-Embalmed		Jaco Eisenfeld M.D., 150 No. Jackson Ave., San Jose, CA	
31. INJURY AT WORK		36. EMPHASIS 3 LICENSE NUMBER AND SIGNATURE		40. LICENSE NO.	
No		Not-Embalmed		991	
32. DATE OF INJURY		37. DATE OF DEATH		41. SIGNATURE OF PHYSICIAN	
12/25/83		Dec. 28, 1983		Jaco Eisenfeld M.D.	
33. LOCATION (Street and Number OR Location) AND CITY OR TOWN		38. NAME AND ADDRESS OF CERTIFIER OF DEATH		42. DATE OF LOCAL REGISTRATION	
Oak Hill Memorial Park, San Jose, CA		Oak Hill Memorial Park, San Jose, CA		DEC 27 1983	
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		39. SIGNATURE OF PHYSICIAN		43. SIGNATURE OF LOCAL REGISTRAR	
Not-Embalmed		Jaco Eisenfeld M.D.		[Signature]	
35. CORPSE—(Signature and Degree or Title)		40. LICENSE NO.		44. SIGNATURE OF LOCAL REGISTRAR	
Not-Embalmed		991		[Signature]	
36. EMPHASIS 3 LICENSE NUMBER AND SIGNATURE		41. SIGNATURE OF PHYSICIAN		45. SIGNATURE OF LOCAL REGISTRAR	
Not-Embalmed		Jaco Eisenfeld M.D.		[Signature]	

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE
 BY: *[Signature]*
 HERNICE GIANSINACUSA, M.D.,
 LOCAL REGISTRAR OF VITAL STATISTICS
 SANTA CLARA COUNTY HEALTH DEPARTMENT
 SAN JOSE, CALIFORNIA
 CERTIFICATION FEE: \$4.00
 December 29, 1983

RECORDED AT REQUEST OF
Joba H. Reed
 BOOK 160 PAGE 585
 87 JUL 31 AID: 33
 OFFICIAL RECORDS
 FRESNO COUNTY, CALIFORNIA
 FILED IN 110353
 Fee \$6.00

BOOK 160 PAGE 585