

RECORDING REQUESTED BY
HELEN REA
 AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW MAIL TAX STATEMENTS TO

114910

NAME: **HELEN REA**
 STATE: _____
 ADDRESS: **14817 Archwood Street**
 CITY: **Van Nuys, California**
 STATE: _____
 ZIP: **91405**

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF CALIFORNIA }
 COUNTY OF LOS ANGELES } ss.
 I, HELEN REA of legal age, being first duly sworn, deposes and says:
 That LEONARD EDWIN REA the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LEONARD REA named as one of the parties in that certain Joint Tenancy Deed dated June 20, 1963, executed by CRESCENT VALLEY RANCH & FARMS by A.Z. SELTZER and ARTHUR J. DUPERRON to LEONARD REA and HELEN REA, husband and wife as joint tenants, recorded as Instrument No. 38430, on July 3, 1963, in Book 26 Page 474 of the Official Records in the Office of the County Recorder of Eureka County, State of Nevada concerning the following described real property situated in the City of _____ County of Eureka State of Nevada:

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

RESERVING THEREFROM an easement of 30 feet along all boundaries for ingress and egress, with power to dedicate.

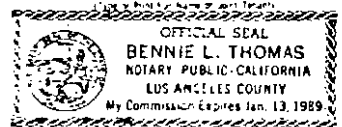
That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ _____

Dated November 20 1987

 (Signature of Joint Tenant)
HELEN REA
 (Type in Print Full Name of Joint Tenant)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 20th day of November 1987

 (Signature of Notary)



AFFIDAVIT—DEATH OF JOINT TENANT
 WOLCOTT'S FORM 300—Rev. 11-82
 (Price Class 3)

This standard form is prepared for the typical situation. Changes are recommended and necessary to suit particular circumstances. Please refer to the instructions on the reverse side of this form for more information and use of 1987 WOLCOTT'S INC.

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

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
LEONARD	EDWIN	REA	Oct. 28, 1987 0025
3. SEX	4. RACE/ETHNICITY	5. SPANISH/Hispanic	6. DATE OF BIRTH
Male	White/American	<input checked="" type="checkbox"/>	Dec. 15, 1910
7. AGE	8. UNDER 1 YEAR	9. UNDER 24 HOURS	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
76 YEARS	MONTHS DATE	HOURS MINUTES	Flossie Hubbard - Wash.
DECEDENT PERSONAL DATA		11. PLACE OF BIRTH	
Washington		12. NAME AND BIRTHPLACE OF FATHER	
USA		Hal Rea - Kansas	
13. CITIZEN OF WHAT COUNTRY		14. SOCIAL SECURITY NUMBER	
USA		-6990	
15. PRIMARY OCCUPATION		16. MARITAL STATUS	
Salesman		Married	
17. EMPLOYER OF SELF-EMPLOYED, SO STATE		18. NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME	
Self Employed		Helen Hanson	
19. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19. KIND OF INDUSTRY OR BUSINESS	
14817 Archwood St.		Natural Organic Products	
19A. USUAL RESIDENCE—CITY OR TOWN		19B. CITY OR TOWN	
Los Angeles		Van Nuys	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. PLACE OF DEATH	
Helen M. Rea Wife		VALLEY PRESBYTERIAN HOSPITAL	
14817 Archwood St.		Los Angeles	
Van Nuys, Calif. 91405		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
		21D. CITY OR TOWN	
		Van Nuys	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A	
(A) <i>Bacterial meningitis</i>		<i>None</i>	
(B) <i>Chronic obstructive pulmonary disease</i>			
(C)			
24. WAS DEATH REPORTED TO CORONER?		25. WAS MORTUARY PERFORMED?	
No		No	
26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?	
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	
10-27-87		<i>Morris E. Eisenberg, M.D.</i>	
10-27-87		28C. DATE SIGNED: 11-2-87	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		28D. PHYSICIAN'S LICENSE NUMBER: A14607	
30. PLACE OF BURIAL		28E. TYPE PHYSICIAN'S NAME AND ADDRESS	
31. INJURY AT WORK		Morris E. Eisenberg, M.D.	
32A. DATE OF INJURY—MONTH, DAY, YEAR		No. Hollywood, CA.	
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 DEGREE OR TITLE	
35C. DATE SIGNED			
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
Cremation		Nov. 3, 1987	
38. ADDRESS OF FUNERAL HOME OR CREMATORY		39. AGE AND SEX OF DECEDENT AT CREMATORY	
1515 E. Compton Bl. Compton, CA		Not Embalmed	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
Aftercare Funeral Service		F 1418	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
<i>Robert M. ...</i>		NOV 03 1987	
STATE REGISTRAR			
VS-1111-82		L 78	

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

NOV 04 1987

41 *Robert M. ...*
Director of Health Services and Registrar

RECORDED AT THE REQUEST OF
Helen Rea
BOOK 169 PAGE 591

87 DEC -9 P3:13

OFFICIAL RECORDS
EUREKA COUNTY, CALIFORNIA
M. N. REPALDI, RECORDER
FILE NO. 114910
FEE \$ 6.00

BOOK 169 PAGE 592

01-9-1-0812