

116952

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT I - Jacqueta M Hohnstein
(name)

AM LEGALLY THE SOLE OWNER OF THE PROPERTY LOCATED AT

Crescent Valley Ranches, Nevada
(address and city)

THIS WAS COMMUNITY PROPERTY AND DUE TO THE DEATH OF MY

Husband, Robert L Hohnstein
(husband or wife) (name of deceased)

ON January 16, 1987, OWNERSHIP OF THE PRO-
(month, date, and year)

PERTY WAS TRANSFERRED TO ME ACCORDING TO THE LAWS OF THE

STATE OF California

ALL DEBTS ATTRIBUTED TO Robert L. Hohnstein
(name of deceased)

HAVE BEEN PAID BY ME AND THE TITLE OF THE PROPERTY IS FREE

OF ANY ATTACHMENTS TO IT.

ENCLOSED IS A COPY OF THE DEATH CERTIFICATE ISSUED UPON

MY Husbands PASSING.
(husband or wife)

SIGNED THIS DATE

2-2-88
(date)

BY: Jacqueta M Hohnstein

Jacqueta M Hohnstein

INDIVIDUAL ACKNOWLEDGMENT

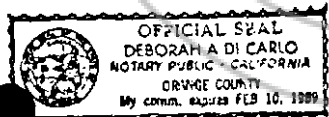
State of California

County of ORANGE S.S.

On this 2 day of February, in the year 1988 before me, the undersigned
a Notary Public in and for the SAID County, personally appeared Jacqueta M. Hohnstein

personally known to me proved to me on the basis of satisfactory evidence
to be the person(s) whose name is subscribed to this instrument, and acknowledged that he executed
it.

(SEAL)



WITNESS my hand and official seal,

Deborah A Di Carlo

Notary Public in and for the SAID County and St

My commission expires February 10, 19 89

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3-87-30-000608

THIS IS TO CERTIFY, IF IMPARTISAN WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER,
 THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.
 JAN 19 1987
 Health Officer and Local Registrar of Births and Deaths of Orange County

1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH—MONTH, DAY, YEAR		2B. HOUR	
Robert		Lee		HOHNSTEIN		January 16, 1987		10600	
3. SEX	4. RACE/ETHNICITY	5. SPANISH/Hispanic AND	6. DATE OF BIRTH	7. AGE	8. UNDER 1 YEAR	9. UNDER 1 YEAR	10. UNDER 24 HOURS	11. UNDER 24 HOURS	12. UNDER 24 HOURS
Male	Caucasian		January 2, 1931	56 YEARS					
8. NAME AND BIRTHPLACE OF FATHER		9. NAME AND BIRTHPLACE OF MOTHER		10. BIRTH NAME AND BIRTHPLACE OF DECEDENT					
Nebraska		John Hohnstein - Germany		Mollie Kuxhausen - Germany					
11A. COUNTRY OF BIRTH		11B. IF DECEASED WAS EVER IN MILITARY SERVICE, GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE IF WIFE, GIVE BIRTH NAME	
USA		1950 TO 19 57				Married		Jacqueta Hohnstein	
15. PRESENT OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED NO STATE		18. NAME OF EMPLOYER OR EMPLOYERS			
Drilling Engineer		25		Self Employed		Foundation Drilling			
19A. USUAL RESIDENCE—STREET ADDRESS, STREET AND NUMBER OR LOCATION		19B. STATE		19C. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
10311 Amier Road		California		Orange		John C. Low - son		179 Pine Street	
21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OR TOWN		22. CITY OR TOWN			
Residence		Orange		Anheim		Anheim			
21C. STREET ADDRESS, STREET AND NUMBER OR LOCATION		21D. CITY OR TOWN		21E. STATE		22. CITY OR TOWN			
10311 Amier		Anheim		California		Anheim			
23. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		25. WAS DEATH REPORTED TO CORONER?		26. WAS DEATH REPORTED TO CORONER?		27. WAS DEATH REPORTED TO CORONER?	
A. Acute thromboembolic occlusion of pulmonary artery B. Thrombophlebitis, veins of left lower extremity C. Fracture, left tibia and fibula		87-0332-MA		no		no		yes	
28. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 23A		29. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 23 OR 28?		30. TYPE OF OPERATION		31. DATE OF OPERATION		32. PHYSICIAN'S LICENSE NUMBER	
		Open reduction		12-23-86					
33A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE		33B. PHYSICIAN—SIGNATURE AND NUMBER OR TITLE		33C. DATE SIGNED		33D. PHYSICIAN'S LICENSE NUMBER			
34. TYPE PHYSICIAN'S NAME AND ADDRESS		35. INQUIRY AT HOME		36A. DATE OF INQUIRY—MONTH, DAY, YEAR		36B. HOUR			
		yes		12-22-86		est. 1400			
37. LOCATION—STREET AND NUMBER OR LOCATION AND CITY OR TOWN		38. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH PRECEDED INJURY)		39. INVESTIGATION		40. DATE SIGNED		41. PHYSICIAN'S LICENSE NUMBER	
Area of Weir Canyon Rd., Anaheim		2,500 lb "Kelly Bar" struck leg		Sheriff-Coroner R.M. [Signature]		1-17-87			
42. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CAUSE STATED, AS REQUIRED BY LAW, I HAVE HELD AN INQUEST-VESTIGATION		43. NAME AND ADDRESS OF CEMETERY OR BURIAL PLACE		44. LOCAL HEALTH OFFICER'S SIGNATURE		45. DATE ACCEPTED BY LOCAL HEALTH OFFICER			
Burial		Forest Lawn Memorial Park, 4471 Lincoln Ave. cypress, Ca		P. [Signature]		JAN 19 1987			
46. NAME OF FEDERAL OFFICER (OR PERSON ACTING AS SUCH)		46B. LICENSE NO.		47. LOCAL HEALTH OFFICER'S SIGNATURE		48. DATE ACCEPTED BY LOCAL HEALTH OFFICER			
Forest Lawn Mty. Cypress, CA		1951		P. [Signature]		JAN 19 1987			
STATE REGISTRAR									

RECORDED AT THE REQUEST OF
 John C. Low
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88 MAR 16 P 4 03

OFFICIAL RECORDS
 EUREKA COUNTY, CALIF.
 M.N. REBALE
 FILE NO. 116952
 FEE \$ 6.00