

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

RICK J. FENELLI
ATTORNEY AT LAW
24221 CALLE de la LOUISA, #300
LAGUNA HILLS, CALIFORNIA 92653

Order No. _____
Escrow No. _____
Loan No. _____

117476

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,
County of ORANGE } ss.

RICHARD R. KELLY of legal age, being first duly sworn, deposes and says:
That KATHERINE A. KELLY the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as KATHERINE KELLY
named as one of the parties in that certain Joint Tenancy Deed dated May 8, 1962
executed by A.Z. Seltzer & Arthur J. Duperron of Crescent Valley Ranch & Farms
to RICHARD R. KELLY and KATHERINE KELLY, husband and wife
as joint tenants, recorded as instrument No. _____ on June 4, 1962 in
Book 26 Page 222 of Official Records of Eureka County, Nevada,
covering the following described property situated in the County of Eureka State of Nevada:

Lot 3 of Block 22 of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 1, as per map recorded
in said County as File No. 34081.

- SUBJECT TO: 1. Pro-ration of taxes for fiscal year 1962-63 and
subsequent thereto.
2. Covenants, conditions, restrictions, reservations,
easements, rights and/or rights of way of record.

Together with the tenements, hereditaments and appurtenances thereunto belonging
or appertaining, and the reversion and reversions, remainder and remainders, rents,
issues and profits thereof.

Dated: January 8, 1968

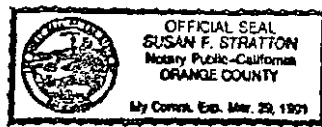
Richard R. Kelly
Richard R. Kelly

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

this 8th day of January, 1968
WITNESS my hand and official seal

Signature: Susan F. Stratton

SUSAN F. STRATTON
Name (Typed or Printed)



CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1 NAME OF DECEASED—FIRST NAME		2 MIDDLE NAME		3 LAST NAME		24 DATE OF DEATH—MONTH DAY YEAR		25 HOUR	
Katherine		A.		Kelly		Nov. 15, 1970		1.30 AM	
3 SEX		4 COLOR OR RACE		5 BIRTHPLACE		6 DATE OF BIRTH		7 AGE	
Female		Caucasian		California		Feb. 12, 1911		59	
8 NAME AND BIRTHPLACE OF FATHER					9 MAIDEN NAME AND BIRTHPLACE OF MOTHER				
Elin B. Rea - Pennsylvania					Addie P. King - Indiana				
10 CITIZEN OF WHAT COUNTRY		11 SOCIAL SECURITY NUMBER		12 MARRIED AFTER MARRIED (MARRIED DIVORCED SPECIFY)		13 NAME OF SURVIVING SPOUSE IF WITH OTHER MARRIED PARTY			
U.S.A.		[REDACTED]		Married		Richard R. Kelly			
14 LAST OCCUPATION		15 NUMBER OF YEARS IN THIS OCCUPATION		16 NAME OF LAST EMPLOYING COMPANY OR FIRM		17 KIND OF INDUSTRY OR BUSINESS			
Executive Secretary		12		Penn Lands Inc.		Real Estate			
18a PLACE OF DEATH—NAME OF HOSPITAL OR OTHER PATIENT FACILITY			18b STREET ADDRESS—(NUMBER AND NUMBER OR LOCATION)			18c INSURE CITY CORPORATE LIMITS (LICENSED BY TEX OR MO.)			18d INSURE CITY CORPORATE LIMITS (LICENSED BY TEX OR MO.)
Methodist Hospital of Southern California			300 W. Huntington Drive			Yes			Yes
18e CITY OR TOWN			18f COUNTY			18g YEARS OF THIS IN COUNTY OR ABROAD			18h YEARS OF THIS IN ABROAD
Arcadia			Los Angeles			59			59
19a USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19b INSIDE CITY CORPORATE LIMITS (SPECIFY TEX OR MO.)		20 NAME AND MAILING ADDRESS OF INFORMANT					
680 Sierra Meadow Drive		Yes		Richard R. Kelly					
19c CITY OR TOWN		19d COUNTY		19e STATE					
Sierra Madre		Los Angeles		California					
21a CORONER		21b PHYSICIAN		21c PLACE OR CODE		21d DATE SIGNED			
[REDACTED]		[REDACTED]		[REDACTED]		11/16/70			
21e ADDRESS		21f ADDRESS		21g ADDRESS		21h ADDRESS			
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]			
22a SPECIFIC MENTAL DISORDER OR CONDITION		22b DATE		23 NAME OF CEMETERY OR CREMATORY		24a EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER		24b DATE RECEIVED	
Cremation		11-18-70		Live Oak Crematory		Richard C. Moran 4723		NOV 17 1970	
25 NAME OF FUNERAL DIRECTOR (NO FERRER ACTING AS SUCH)		26. IS THIS DEATH REPORTED TO THE LOCAL HEALTH DEPARTMENT?		27 LOCAL REGISTER SIGNATURE		28 DATE RECEIVED			
Utter McKinley Arcadia		No		Richard C. Moran		NOV 17 1970			
29 PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C)									
9									
IMMEDIATE CAUSE (A) <u>Subarachnoid hemorrhage</u>									
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (B) <u>Hypertensive cardi-vascular disease</u>									
LAST (C)									
30 PART II OTHER SIGNIFICANT CONDITIONS—(CONTRIBUTORS TO DEATH NOT REPORTED TO THE REGISTRAR, LIST UNDER THIS PART)									
33 SPECIFY ACCIDENT DAMAGE OR NUMBER		34 PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		35 INJURY BY WORK (SPECIFY IF AT WORK)		36a DATE OF INJURY—MONTH DAY YEAR		36b HOUR	
37a PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b INJURY BY OTHER MEANS (IF AT WORK, SPECIFY IF AT WORK)		38 IS THIS DEATH REPORTED TO THE LOCAL HEALTH DEPARTMENT?		39 DATE RECEIVED			
				No		NOV 17 1970			
40 DESCRIBE HOW INJURY OCCURRED (IF REPORTED TO THE REGISTRAR, REPORT TO THE LOCAL HEALTH DEPARTMENT)									
STATE REGISTRAR		A		B		C		D	

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

NOV 19 1970

Richard C. Moran
R. C. Moran, M.D., M.P.H., Health Officer and Registrar

RECORDED AT THE REQUEST OF
Book of Fenell
BOOK 175 PAGE 056

88 MAR 22 1970 56

OFFICIAL RECORDS
FLUORESCENT
FILE NO. 1117475
FEE \$ 6.00

BOOK 175 PAGE 57

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