

RECORDING REQUESTED BY

Helen L. Beckwith

AND WHEN RECORDED MAIL TO

NAME Helen L. Beckwith  
ADDRESS 161 No. Highland Pl.  
CITY & STATE Monrovia, California

126441

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

Nevada  
~~STATE OF CALIFORNIA~~

County of Eureka

Helen L. Beckwith, of legal age, being first duly sworn, deposes and says:  
That Robert Beckwith, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert Beckwith named as one of the parties in that certain Grant Deed dated March 10, 1967 executed by Elizabeth B. Savocool to Robert & Helen Beckwith husband & wife

as joint tenants, recorded as <sup>File</sup> ~~Instrument~~ No. 47697 on Book 25, page 488 of Official Records of Town of Crescent Valley, County of ~~California~~ Nevada covering the following described property situated in the Nevada County of Eureka, State of ~~California~~ Nevada

The Southeast one-quarter of the Northeast one-quarter of the Northwest one-quarter, Section 13, Township 29 North, Range 48 East, M.D.B.M.

Parcel No. 5-440-03  
Property location T29N Sec. 13 SE4NE4NW4  
10 Acres

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 1,514  
This amount is Market Value for Assessments as of Dec 1988

Dated

2-7-89

*Helen L. Beckwith*

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State, this 7th

day of February 1989

Signature

*Helen L. Beckwith*  
Notary Public in and for said State

FOR NOTARY SEAL OR STAMP



Title Order No.

Escrow No.

BOOK 194 PAGE 164

**CERTIFICATE OF DEATH**

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF DECEDENT—FIRST 1B MIDDLE 1C LAST		Robert Beckwith		2A DATE OF DEATH—MONTH, DAY, YEAR 2B HOUR	
3 SEX 4 RACE/ETHNICITY		5 SPANISH/Hispanic NO 6 DATE OF BIRTH		7 AGE 8 UNDER 1 YEAR 9 UNDER 24 HOURS (MONTHS) 10 DATES 11 HOUR-S MINUTES	
8 CITY/TOWN OR COUNTY (STATE OR FOREIGN COUNTRY)		9 NAME AND BIRTHPLACE OF FATHER		10 BIRTH NAME AND BIRTHPLACE OF MOTHER	
New York		Grover Beckwith - New York		Mary Parkhurst - Pennsylvania	
11A CITIZEN OF WHAT COUNTRY 11B IF DECEDENT WAS EVER IN MILITARY SERVICE DATE OF SERVICE		12 SOCIAL SECURITY NUMBER 13 MARITAL STATUS		14 NAME OF SURVIVING SPOUSE OF WIFE, SUIRE BIRTH NAME	
USA 19 51 TO 19 53		[REDACTED] Married		Helen Burton	
15 PRIMARY OCCUPATION 16 NUMBER OF YEARS THIS OCCUPATION		17 EMPLOYER OF DECEDENT (NO STATE)		18 KIND OF INDUSTRY OR BUSINESS	
Tool & Die Maker 35		Nardon Manufacturing		Tool & Die	
19A USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OF LOCATION) 19B CITY		19C STATE		20 NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
161 Highland Pl. Los Angeles		California		Helen L. Beckwith - Wife 161 N. Highland Ave. Monrovia, CA 91016	
21A PLACE OF DEATH 21B COUNTY		21C CITY OR TOWN		21D CITY OR TOWN	
West Los Angeles VA Med. Ctr.		Los Angeles		Monrovia	
21E STREET ADDRESS (STREET AND NUMBER OR LOCATION) 21F CITY OR TOWN		21G CITY OR TOWN		21H CITY OR TOWN	
Wilshire & Sawtelle Blvd. Los Angeles		Los Angeles		Los Angeles	
22 DEATH WAS CAUSED BY: (A) WITH A TAILOR, BONE AND MEDIASTINAL AND ABDOMINAL LYMPH NODE METASTASIS (B) SMALL CELL CARCINOMA OF RIGHT LUNG (C) IMMEDIATE CAUSE		23 INTERVAL BETWEEN ONSET AND DEATH		24 WAS DEATH REPORTED TO CORONER?	
23 MONTHS		24 YES		NO	
25 OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		26 TYPE OF OPERATION		27 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 23 OR 24?	
ACUTE BRONCHOPNEUMONIA		NONE		NONE	
28A CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		28B TYPE PHYSICIAN'S NAME AND ADDRESS		28C DATE SIGNED 28D PHYSICIAN'S LICENSE NUMBER	
4/18/88 4/28/88		A. GADDIS, M.D. West Los Angeles VA Med. Los Angeles, California		4-28-88 6060616	
29 SPECIFY ACCIDENT, SUICIDE, ETC.		30 PLACE OF INJURY		31 INJURY AT WORK 32A DATE OF INJURY—MONTH, DAY, YEAR 32B HOUR	
33 LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34 DESCRIBE HOW INJURY OCCURRED; EVENTS WHICH PRECEDED INJURY			
CORONER'S USE ONLY		35A I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED AS REQUIRED BY LAW I HAVE HELD AN INQUIRY INVESTIGATION		35B CORONER—SIGNATURE AND DEGREE OR TITLE 35C DATE SIGNED	
36 DISPOSITION		37 DATE—MONTH, DAY, YEAR		38 EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Cremation		May 2, 1988		Not Embalmed	
39A NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 39B LICENSE NO.		40 LOCAL REGISTRAR—SIGNATURE		41 DATE RECEIVED BY LOCAL REGISTRAR	
Turner & Stevens Live Oak #F1152		[Signature]		APR 29 1988	
STATE REGISTRAR					

RECORDED AT THE REQUEST OF  
 E008 114 RICE 164  
 Helen L. Beckwith  
 '89 FEB 13 AM '89

OFFICIAL RECORD  
 EUREKA COUNTY, CALIFORNIA  
 M.N. RECD. L.S. REGISTERED  
 FILE NO. 126441  
 600  
 B08K194 PAGE 165

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.

APR 29 1988

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 [Signature]  
 Director of Health Services and Registrar