

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name JULIAN S. ERTZ
Street Address 4650 Von Karman Ave.
City & State Newport Beach, CA 92660

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO

Name VIOLA K. KOTRABA
Street Address 12720 Paramount Ave.
City & State Downey, CA 90242

127348

Affidavit - Death of Joint Tenant

AJT 873 HE

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

181619

STATE OF CALIFORNIA,
COUNTY OF ORANGE } ss.

VIOLA K. KOTRABA of legal age, being first duly sworn, deposes and says:
That WALTER CHARLES KOTRABA the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as WALTER C. KOTRABA
named as one of the parties in that certain JOINT TENANCY DEED dated August 16, 1965,
executed by CRESCENT VALLEY RANCH & FARMS
to WALTER C. KOTRABA and VIOLA K. KOTRABA, husband and wife,
as joint tenants, recorded as Instrument No. 41154, on August 23, 1965, in
book 8, page 218 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 13 of CRESCENT VALLEY RANCH & FARMS,
UNIT NO. 2, as per map recorded in said County as
File No. 34285

The above instrument was also recorded September 13, 1965, as
Instrument No. 43310, Book 9, page 280, Official Records of
Lander County, Nevada.

Dated May 25, 1989

Viola K. Kotraba

SUBSCRIBED AND SWORN TO before me

this 25 day of May, 1989
Signature *Katie L. Martinez*
Name (Typed or Printed) Katie L. Martinez



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Title Order No. _____ Escrow, Loan or Attorney File No. _____

MAIL TAX STATEMENTS AS DIRECTED ABOVE

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3-87-30-005198

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
Walter		Charles	Kotraba		May 10, 1987 1634
3. SEX	4. RACE/ETHNICITY	5. SPANISH/Hispanic NO	6. DATE OF BIRTH		7. AGE
Male	White/American	NO	November 24, 1917		69 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Missouri		Frank John Kotraba - Missouri		Bertha Kasten - Missouri	
11A. COUNTRY OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	
U.S.A.		1943 TO 1945		Married	
14. NAME OF SURVIVING SPOUSE OR WIFE (ENTER BIRTH NAME)		15. KIND OF INDUSTRY OR BUSINESS		16. NAME OF SURVIVING SPOUSE OR WIFE (ENTER BIRTH NAME)	
Viola K. Gerling		Painting		Viola K. Gerling	
17. EMPLOYER IF SELF-EMPLOYED, SO STATE		18. KIND OF INDUSTRY OR BUSINESS		19. CITY OR TOWN	
Self Employed		Painting		Downey	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B. CITY OR TOWN		
12720 Paramount Boulevard			Downey		
19D. COUNTY			19E. STATE		
Los Angeles			California		
21A. PLACE OF DEATH			21B. COUNTY		
F.H.P. Hospital			Orange		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN		
9920 Talbert			Fountain Valley		
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			24. WAS DEATH REPORTED TO CORONER?		
(A) Cancer of the Liver			6 months		
(B) Colon Cancer			18 months		
(C)			25. WASopsy PERFORMED?		
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		
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		28C. DATE SIGNED 28D. PHYSICIAN'S LICENSE NUMBER
1 Mar 3, 1987			James Hartwig, M.D.		May 11, 1987 C020426
29. SPECIFY ACCIDENT, INJURY, ETC.			30. PLACE OF INJURY		31. INJURY AT WORK
14403			7515 Firestone-Downey, CA		
32A. DATE OF INJURY—MONTH, DAY, YEAR			32B. HOUR		
14403					
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
14403					
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		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Cremation		May 14, 1987		Rose Hills Memorial Park Crematory	
39A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		39B. LICENSE NO		40. LOCAL DISTRICT—SIGNATURE	
Rose Hills Mortuary		970		BOOK 097 PAGE 272	
Whittier, CA					
STATE REGISTRAR				42. DATE ACCEPTED BY LOCAL REGISTRAR	
				MAY 13 1987	

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Form 7.00 No Fee Veterans' Purposes **FR 544.0**
 Date: **MAY 13 1987**
 State Reg. California Health Officer and Local Registrar of Births and Deaths of Orange County

RECORDED AT THE REQUEST OF

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First American Title Co.

89 JUN 12 AIO 28

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
H.M. REBAGLIATI, RECORDER

FILE NO. FILE 57⁰⁰

127348

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