

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name Minnie Rachel Hoel  
Street 21940 BARKLEY BIL OX I AVE  
Address Apple Valley, Ca. 92307  
City & State

132303

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

### AFFIDAVIT—DEATH OF JOINT TENANT

State of California, NEVADA

County of Eureka

Minnie Rachel Hoel of legal age, being duly sworn, deposes and says that James Hamilton Hoel the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James H. Hoel

named as one of the parties in that certain Grant Deed dated February 6, 1979 executed by Callaghan's Title Guarantee Company

to James H. Hoel and Minnie Rachel Hoel, husband and wife as joint tenants, recorded as Instrument No. 67765 on Feb. 15, 1979 in

book 69 Page 76 of Official Records of Eureka County, NEVADA concerning the following described property situated in the unincorporated area County of Eureka State of NEVADA

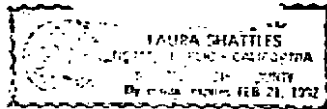
Township 30 North, Range 48 East, M.D.B. & M. Section 15, Southeast 1/4 of the Northwest 1/4 of the Northeast 1/4

Dated May 7, 1990

Minnie Rachel Hoel  
Minnie Rachel Hoel

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State this 7th day of May, 1990

Laura Shattles  
Notary Public in and for said County and State



(This area is for recording use only)

CD-25

BOOK 210 PAGE 170

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL JURISDICTION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF DECEDENT—FIRST, MIDDLE, (LAST)		2A DATE OF DEATH—MONTH, DAY, YEAR—20 HOUR	
James Hamilton Noel		February 19, 1989 2155	
3 SEX		4 DATE OF BIRTH	
Male		January 18, 1923	
5 RACE—ETHNICITY		6 AGE	
Caucasian		65 Years	
7 PLACE AND DATE OF BIRTH		8 MARRIAGE	
Colorado Alfred Noel - Iowa		Married	
9 NAME AND BIRTHPLACE OF FATHER		10 NAME AND BIRTHPLACE OF MOTHER	
Helen Holcomb - Kansas		Ninnie McClendon	
11A CITIZEN OF THIS COUNTRY		11B NUMBER OF YEARS THIS OCCUPATION	
U.S.A.		38 Years	
12 SOCIAL SECURITY NUMBER		13 MARITAL STATUS	
[REDACTED]		Married	
14 NAME OF SURVIVING SPOUSE BY WHOM ENTERED		15 NAME OF SURVIVING SPOUSE BY WHOM ENTERED	
Ninnie McClendon		Trucking	
16 NAME OF SURVIVING SPOUSE BY WHOM ENTERED		17 NAME OF SURVIVING SPOUSE BY WHOM ENTERED	
Ninnie Noel - Wife		Trucking	
18A USUAL RESIDENCE—STREET ADDRESS STREET AND NUMBER OR LOCATION CITY		18B CITY OR TOWN	
1229 Edenruth Avenue		La Puente	
19A COUNTY		19B STATE	
Los Angeles		California	
20 NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21 NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Ninnie Noel - Wife		1229 Edenruth Avenue La Puente, CA 91746	
21A PLACE OF DEATH		21B COUNTY	
Queen of the Valley		Los Angeles	
21C STREET ADDRESS STREET AND NUMBER OR LOCATION CITY		21D CITY OR TOWN	
1135 S. Sun-et Avenue		West Covina	
22 DEATH WAS CAUSED BY		23 WAS REPORTED PERFORMED FOR ANY CONDITION IN YEARS 22 OR MORE	
22 DEATH WAS CAUSED BY		23 WAS REPORTED PERFORMED FOR ANY CONDITION IN YEARS 22 OR MORE	
NEUROTROPIC ULCERATION OF RIGHT FOOT		No	
24A CERTIFICATE OF DEATH OBTAINED AT THE HEALTH DEPARTMENT SINCE LAST YEAR DECEASED AND FILED GO BE 102		24B THIS PHYSICIAN'S NAME AND ADDRESS	
24A CERTIFICATE OF DEATH OBTAINED AT THE HEALTH DEPARTMENT SINCE LAST YEAR DECEASED AND FILED GO BE 102		24B THIS PHYSICIAN'S NAME AND ADDRESS	
25 OCCASION OF INJURY		26 PLACE OF INJURY	
25 OCCASION OF INJURY		26 PLACE OF INJURY	
27 LOCATION—STREET AND NUMBER OR PLACE OF OCCURRENCE CITY OR TOWN		28 DEGREE OF INJURY—EXPLAIN IN DETAIL (SEE INSTRUCTIONS)	
27 LOCATION—STREET AND NUMBER OR PLACE OF OCCURRENCE CITY OR TOWN		28 DEGREE OF INJURY—EXPLAIN IN DETAIL (SEE INSTRUCTIONS)	
29A CERTIFICATE OF DEATH OBTAINED AT THE HEALTH DEPARTMENT SINCE LAST YEAR DECEASED AND FILED GO BE 102		29B THIS PHYSICIAN'S NAME AND ADDRESS	
29A CERTIFICATE OF DEATH OBTAINED AT THE HEALTH DEPARTMENT SINCE LAST YEAR DECEASED AND FILED GO BE 102		29B THIS PHYSICIAN'S NAME AND ADDRESS	
30 DEPOSITION		31 DATE—MONTH, DAY, YEAR	
30 DEPOSITION		31 DATE—MONTH, DAY, YEAR	
32 NAME AND ADDRESS OF CREMATOR OR EXEMPTION		33 NAME AND ADDRESS OF EXEMPTION	
32 NAME AND ADDRESS OF CREMATOR OR EXEMPTION		33 NAME AND ADDRESS OF EXEMPTION	
34 NAME OF PUBLIC HEALTH OFFICER AT TIME OF SIGNATURE (SEE INSTRUCTIONS)		35 DATE ACCEPTED BY LOCAL HEALTH OFFICER	
34 NAME OF PUBLIC HEALTH OFFICER AT TIME OF SIGNATURE (SEE INSTRUCTIONS)		35 DATE ACCEPTED BY LOCAL HEALTH OFFICER	
36 NAME AND ADDRESS OF CREMATOR OR EXEMPTION		37 DATE—MONTH, DAY, YEAR	
36 NAME AND ADDRESS OF CREMATOR OR EXEMPTION		37 DATE—MONTH, DAY, YEAR	
38 NAME AND ADDRESS OF EXEMPTION		39 NAME AND ADDRESS OF EXEMPTION	
38 NAME AND ADDRESS OF EXEMPTION		39 NAME AND ADDRESS OF EXEMPTION	

OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF *Minnie Noel*  
BOOK 210 PAGE 170  
90 MAY -9 P302  
EUREKA COUNTY, CALIF. M.M. REGALEAN, RECORDER  
FILE NO. 132303 FILE 6.00

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 III  
FEB 25 1989  
12  
Director of Health Services and Registrar

BOOK 210 PAGE 171