

Assessors Identification Number:

MAP BOOK

PAGE

PARCEL

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Mr. & Mrs. George Kotichas  
9882 Pawlet Circle  
Fountain Valley, Ca. 92708

Name  
Street  
Address  
City & State

same as above

Name  
Street  
Address  
City & State

133026

# Affidavit - Death of Joint Tenant

AT 873 H THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE 181619

STATE OF CALIFORNIA,

County of Orange

CARMEN A. KOTICHAS

Irene Tedder

That Irene Tedder, of legal age, being first duly sworn, deposes and says:

Certificate of Death, is the same person as Irene Tedder

named as one of the parties in that certain Grant Deed dated April 8, 1967

executed by Irene Tedder & Carmen Kotichas

to IRENE TEDDER and CARMEN A. KOTICHAS

as joint tenants, recorded as Instrument No. 44473 on April 13, 1967, in

book 18, page 455, of Official Records of Eureka

County, California, covering the following described property situated in the

State of California: Nevada.

Lot 8 of Block 10 of Crescent Valley Ranch and Farms Unit No. 3, as per map recorded in said county as File No. 34551. Document No. 40824, Book 7, Page 303.

A.P.# 3-041-05

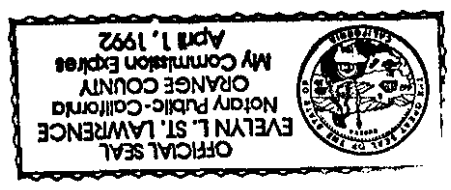
Dated July 20, 1990

SUBSCRIBED AND SWORN TO before me

this 20th day of July 1990

Signature Evelyn L. St. Lawrence

Name (Typed or Printed)



CARMEN A. KOTICHAS

*Carmen A. Kotichas*

(This area for official notarial seal)

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

MAIL TAX STATEMENTS AS DIRECTED ABOVE

SPACE ABOVE THIS LINE FOR RECORDER'S USE

BOOK 2 | 2 PAGE 229

LOUIS E. MAHONEY, M.D., M.P.H.  
DIRECTOR OF PUBLIC HEALTH



EUREKA COUNTY, NEVADA  
M.M. REBALZATI, RECORDER  
FILE NO. 608  
20 FEB 23 0

90 AD-2 P1:07

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY  
OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Book 212 PAGE 229  
10-10-76  
90 AD-2 P1:07  
133025

This must be in red to be a "CERTIFIED COPY"

PERSONAL DATA		RESIDENCE		PHYSICIAN'S CERTIFICATION		FUNERAL AND LOCAL REGISTRAR		CAUSE OF DEATH		INJURY INFORMATION		STATE REGISTRAR																																																																																																	
1A. NAME OF DECEASED—FIRST NAME	IRENE	1B. MIDDLE NAME	TEDDER	1C. LAST NAME	TEDDER	1D. DATE OF DEATH—MONTH, DAY, YEAR	OCTOBER 10, 1976.	1E. HOUR	UNK. A.M.	3. SEX	Female	4. COLOR OR RACE	Caucasian	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Texas	6. DATE OF BIRTH	July 27, 1906.	7. AGE (LAST BIRTHDAY)	70	8. NAME AND BIRTHPLACE OF FATHER	Joseph Henry Penland, Tennessee	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	Maggie Mae McCracken, Saint Jo, Texas	10. CITIZEN OF WHAT COUNTRY	United States	11. SOCIAL SECURITY NUMBER	[REDACTED]	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Widowed	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	N/A	14. LAST OCCUPATION	Sales	15. NUMBER OF YEARS IN THIS OCCUPATION (IF SELF EMPLOYED, SO STATE)	15	16. NAME OF LAST EMPLOYING COMPANY OR FIRM	Yucca Valley Liquor Store	17. KIND OF INDUSTRY OR BUSINESS	Retail Business	18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	At Home	18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	Buena Vista Dr. at E. of O. W. S. Rd.	18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	No	18D. CITY OR TOWN	Yucca Valley	18E. COUNTY	San Bernardino	18F. LENGTH OF STAY IN COUNTY OF DEATH	25	18G. LENGTH OF STAY IN CALIFORNIA	41	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	Buena Vista Dr. E. of Old Womans Road No	19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	No	19C. CITY OR TOWN	Yucca Valley	19D. COUNTY	San Bernardino	19E. STATE	California	20. NAME AND MAILING ADDRESS OF INFORMANT	George Kotichas 9882 Pawlet Circle Fountain Valley, California 92708	21A. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED TO THE LAST MOMENT (DAY, MONTH, YEAR)	21B. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED TO THE LAST MOMENT (DAY, MONTH, YEAR)	21C. PHYSICIAN OR CORONER—SIGNATURE AND OFFICE AS TITLE	Bill Hill, Coronel by: 10-11-76	21D. DATE SIGNED	10-11-76	21E. PHYSICIAN'S CALIFORNIA LICENSE NUMBER	[REDACTED]	22A. SPECIFY BURIAL ENTHWEMENT OR CREATION	Burial	22B. DATE	10/14/76	23. NAME OF CEMETERY OR CREMATORY	Los Angeles Sawtell Veterans Cemetery	24. BURIAL MEASUREMENTS (IF BURIAL MEASUREMENTS, ENTER HEIGHT, WEIGHT, HAIR COLOR, EYES, COMPLEXION, AND OTHER CHARACTERISTICS)	[REDACTED]	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) (SPECIFY YES OR NO)	Yes Wife & Son—Yucca Valley	26. THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	Yes	27. LOCAL REGISTRAR—SIGNATURE	L.E. Mahoney, M.D. by: 10-13-76	28. LOCAL REGISTRAR	[REDACTED]	30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. (OPERATION AND/OR BLOOD TESTS, ANEMIA, AND OTHER CONDITIONS IN ITEMS 30 OR 30A (SPECIFY YES OR NO))	No	31. WAS OPERATION OR BLOOD TESTS PERFORMED FOR ANY CONDITION IN ITEMS 30 OR 30A (SPECIFY YES OR NO)	No	32A. AUTOPSIED (SPECIFY YES OR NO)	No	32B. IF YES, WERE FININGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)	No	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE OFFICE BUILDING, ETC.) (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY YES OR NO)	34. PLACE OF INJURY (FARM, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY YES OR NO)	35. INJURY AT WORK (SPECIFY YES OR NO)	36A. DATE OF INJURY—MONTH, DAY, YEAR	36B. HOUR	37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37B. INJURY TO USUAL RESIDENCE, ITEM 19 (MILES)	37C. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19 (MILES)	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)	40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 33)	

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA—DEPARTMENT OF HEALTH  
3600