

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

MAIL TAX STATEMENTS TO

133028

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

AT 873H THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE 181619

STATE OF CALIFORNIA,

County of Orange

CARMEN A. KOTICHAS

IRENE TEDDER

That IRENE TEDDER

IRENE TEDDER

Certificate of Death, is the same person as

Grant Deed

dated

executed by IRENE TEDDER & CARMEN A. KOTICHAS

to IRENE TEDDER AND CARMEN A. KOTICHAS

as joint tenants, recorded as Instrument No. 44474, on April 13, 1967, in

book 18, page 456, of Official Records of Eureka

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

State of California: Nevada.

Lot 11 of Block 16 of Crescent Valley Ranch and Farms Unit No. 1

as per map recorded in said county as File No. 34081. Document No. 40825, Book 7, Page 504.

A.P.# 2-034-03

Assessors Identification Number:

MAP BOOK

PAGE

PARCEL

Dated

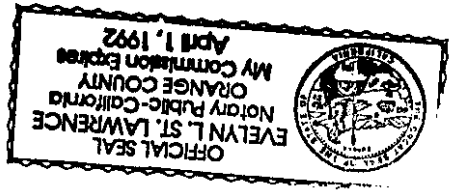
July 20, 1990

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

Title Order No. Escrow, Loan or Attorney File No. Book 2 | 2 Page 232

MAIL TAX STATEMENTS AS DIRECTED ABOVE

CERTIFICATE OF DEATH

3600

1A. NAME OF DECEASED—FIRST NAME IRENE		1B. MIDDLE NAME TRDDER		1C. LAST NAME UNK. A.M.	
3. SEX Female		4. COLOR OR RACE Caucasian		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	
8. NAME AND BIRTHPLACE OF FATHER Joseph Henry Penland, Tennessee		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Magie 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	
14. LAST OCCUPATION Sales		15. NUMBER OF YEARS IN THIS OCCUPATION 15		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) Yucca Valley Liquor Store	
17. KIND OF INDUSTRY OR BUSINESS Retail Business		18A. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) Buena Vista Dr. at E. of O. W. S. Rd.			
18B. CITY OR TOWN Yucca Valley		18C. COUNTY San Bernardino		18D. STATE California	
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. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) No	
19D. USUAL RESIDENCE—CITY OR TOWN Yucca Valley		19E. COUNTY San Bernardino		19F. STATE California	
19G. LENGTH OF STAY IN COUNTY OF DEATH (YEARS) 25		19H. LENGTH OF STAY IN CALIFORNIA (YEARS) 41			
20. NAME AND MAILING ADDRESS OF INFORMANT George Kotichas		20A. CITY OR TOWN San Bernardino		20B. STATE California	
21A. CORONER: I HEREBY CERTIFY THAT THE DEATH OCCURRED AT THE PLACE AND PLACE STATED ABOVE AND THAT I HAVE HELD ON THE REMAINS OF THE DECEASED AS REQUIRED BY LAW San Bernardino		21B. PHYSICIAN: I HEREBY CERTIFY THAT THE DEATH OCCURRED AT THE PLACE AND PLACE STATED ABOVE AND THAT I HAVE HELD ON THE REMAINS OF THE DECEASED AS REQUIRED BY LAW San Bernardino		21C. PHYSICIAN OR CORONER—SIGNATURE AND TITLE Bill Hill, coroner	
22A. SPECIFY BURIAL ENTOMBMENT OR CREMATION Burial		22B. DATE 10/14/76		22C. NAME OF CEMETERY OR CREMATORY Sawtell Veterans Cemetery Los Angeles	
23. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Witefs & Son—Yucca Valley		24. BALANCE—(SIGNATURE OF BOOK MANAGER, LICENSE NUMBER) Richard D. Hagedorn #6716		25. LOCAL REGISTRAR SIGNATURE L.F. Mahoney, M.D.	
26. THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO) Yes		27. LOCAL REGISTRAR SIGNATURE L.F. Mahoney, M.D.			
28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR 10-13-76		29. PART I. DEATH WAS CAUSED BY: Acute Myocardial Infarction			
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT HELD TO THE INVESTIGATE CAUSE GIVEN IN PART I. Acute Myocardial Infarction		31. ANY CONDITION IN ITEMS 28 OR 30? (SPECIFY YES OR NO) No		32. A. APPROXIMATE TIME BETWEEN ONSET AND DEATH mins.	
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) [REDACTED]		34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) [REDACTED]		35. INJURY AT WORK (SPECIFY YES OR NO) [REDACTED]	
36A. DATE OF INJURY—MONTH, DAY, YEAR [REDACTED]		36B. HOUR [REDACTED]		36C. TIME OF DEATH (SPECIFY YES OR NO) [REDACTED]	
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) [REDACTED]		37B. RESIDENCE (ITEM 19) [REDACTED]		37C. MILES [REDACTED]	
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO) [REDACTED]		39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO) [REDACTED]		40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29) [REDACTED]	

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

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY

OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY

RECORDED AT THE REQUEST OF OFFICIAL RECORDS

133028

90 AFD-2 P1:07



EUREKA COUNTY, CALIFORNIA
M.N. REBALANTI, RECORDER
FILE NO. FEE \$6.00

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

10-10-76

RECORDED AT THE REQUEST OF OFFICIAL RECORDS

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133028

90 AFD-2 P1:07

14-12846-611 2/74