

FOR NOTARY SEAL OR STAMP

BOOK 247 PAGE 071

Title Order No. Fscrow No.

Signature _____
Notary Public in and for said State
day of MARCH, 1993
a Notary Public in and for said State, this 31
SUBSCRIBED AND SWORN TO before me, the undersigned,

Dated MARCH 31, 1993

Daniel J. Glenn
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 \$0

The Northwest quarter of the Northwest quarter of section 25, Township 31 North, Range 49 East M.D.B.&M (20 acres) and SW 1/4 (10 acres), Township 31 North, Range 49 East M.D.B.&M reservation 2 and 3, reservation 2 and 3, 1958, executed by the Southern Pacific Company, a corporation, to Berenice Strathearn, recorded in Book 25, page 240, under file No. 33672, Deed Records of Eureka County, Nevada.
3. Reservation of 90% of all coal, oil, gas and other minerals, including the right of entry as reserved in that certain deed dated May 2, 1959, executed by Strathearn Cattle Company, a corporation, et al, to Mae Nichols, recorded May 25, 1959, in Book 25, Page 297, under file No. 34183, Deed Records of Eureka County, Nevada, and road easements of 30 feet running on all boundaries.

as joint tenants, recorded as Instrument No. 133401 on SEPTEMBER 7, 1990, in book 87 page _____ of Official Records of EUREKA County, California, covering the following described property situated in the CITY OF CRESENT VALLEY, State of NEVADA
to DANIEL L. GLENN AND ALYCE J. GLENN
That ALYCE JUNE GLENN
Certificate of Death, is the same person as ALYCE J. GLENN
named as one of the parties in that certain WARRANTY DEED dated SEPTEMBER 7, 1990 executed by MAE JANACEK
of legal age, being first duly sworn, deposes and says:
the decedent mentioned in the attached certified copy of
STATE OF NEVADA }
County of EUREKA }
ss.

AFFIDAVIT - DEATH OF JOINT TENANT

SPACE ABOVE THIS LINE FOR RECORDERS USE

145260

NAME DANIEL L. GLENN
ADDRESS 2231 SAN ANTONIO AVE.
UPLAND, CA 91786
CITY & STATE

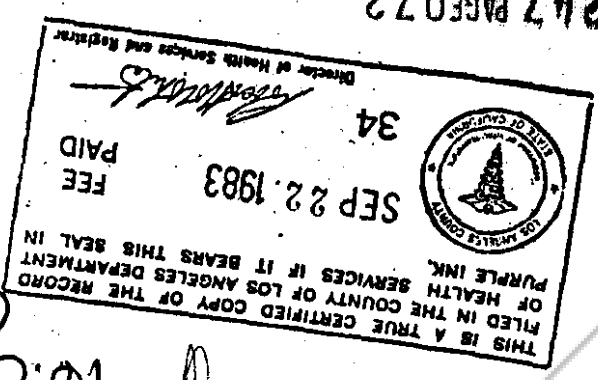
RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

STATE OF CALIFORNIA
CERTIFICATE OF DEATH

5448

1A. NAME OF DECEDENT—FIRST, MIDDLE, LAST		Alyce Glenn	
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
Female	Cauc.	NO	Oct. 8, 1923
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER	
Nebraska		Al Wamsley - unk.	
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS
U. S. A.		[REDACTED]	Married
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)
Housewife		39	Self
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.	19C. CITY OR TOWN
209 South Mountain Ave.			Montrovia
19D. STATE		19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
California		California	John M. Glenn - Husband
21A. PLACE OF DEATH		21B. CITY OR TOWN	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)
St. Joseph Medical Center		Los Angeles	209 So. Mountain Ave.
501 So. Buena Vista		Burbank	Montrovia, Calif. 91016
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			
(A) Ventricular Arrhythmia			
(B) Acute Myocardial Infarction			
(C) Atherosclerotic heart disease			
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH			
Chronic Renal Failure			
24. WAS DEATH REPORTED TO CORONER?			
no			
25. WAS DEATH REPORTED TO COMMISSIONER?			
no			
26. WAS AUTOPSY PERFORMED?			
no			
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 21 OR 23?			
yes			
28. TYPE OF OPERATION			
Removal of Teackhoff Catheter			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE IMMEDIATE CAUSE, AND PLACE STATED FROM THE CAUSES STATED, (ENTER NO. ON 18.)			
9-19-81			
28B. PHYSICIAN—SIGNATURE AND LICENSE OR TITLE			
A. Koffler, MD			
28C. DATE SIGNED			
9/20/83			
28D. PHYSICIAN'S LICENSE NUMBER			
C 29826			
28E. TYPE PHYSICIAN'S NAME AND ADDRESS			
A. Koffler, MD 2625 W. Alameda - Burbank, Ca.			
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)			
Live Oak Memorial Park - Montrovia, Ca.			
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
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			
[Signature]			
35C. DATE SIGNED			
36. DISPOSITION			
Burial			
37. DATE—MONTH, DAY, YEAR			
9-23-83			
38. NAME AND ADDRESS OF CENTER OR CREMATOR			
200 E. Duarte Rd. - Montrovia, Ca.			
39. ENHANCER'S LICENSE NUMBER AND SIGNATURE			
[Signature]			
40A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			
DOUGLASS & ZOOK MORTUARY INC.			
40B. LICENSE NO.			
221			
41. LOCAL REGISTRY SIGNATURE			
[Signature]			
42. DATE SIGNED			
SEP 22 1983			
43. REGISTRAR			



BOOK 247
PAGE 071
RECORDED AT THE REQUEST OF
Dorance Allen
93 APR 20 AM 11:40
EUREKA COUNTY, NEVADA
M.M. REBALZATI, RECORDER
FILE NO. 600
145260

NOV 15 1985
10.ck
CM

BOOK 247 PAGE 072

A-7

EVREKA COUNTY, NEVADA
DECLARATION OF VALUE

Recording Date 4-20-92 Book 247 Page 071 Instrument # 145260

Full Value of Property Interest Conveyed	\$ 4,600
Less Assumed Liens & Encumbrances	-
Taxable Value (NRS 375.010, Section 4)	\$ 4,600
Real Property Transfer Tax Due	\$ 0

If exempt, state reason. NRS 375.090, Section 3. Explain: transfer from Mother & Son to son.

Escrow Holder only: Check if Real Property Transfer Tax is to be deferred under NRS 375.030, Section 3.

INDIVIDUAL
Under penalty of perjury, I hereby declare that the above statements are correct. **XX**
Daniel L. Glenn
Signature of Declarant

Daniel L. Glenn
Name (Please Print)
2231 San Antonio Ave.
Address
Upland, CA 91786
State
Zip

ESCROW HOLDER
Under penalty of perjury, I hereby declare that the above statements are correct to the best of my knowledge based upon the information available to me in the documents contained in the escrow file.
Signature of Declarant
Name (Please Print)
Escrow Number
Firm Name
Address
City
State
Zip

Tax paid for the above transfer on 4-20, 19 92, per NRS 375.030, Section 3.

Melissa Stegeman Property
Signature of Recorder or Representative