

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 $\frac{1}{4}$  (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

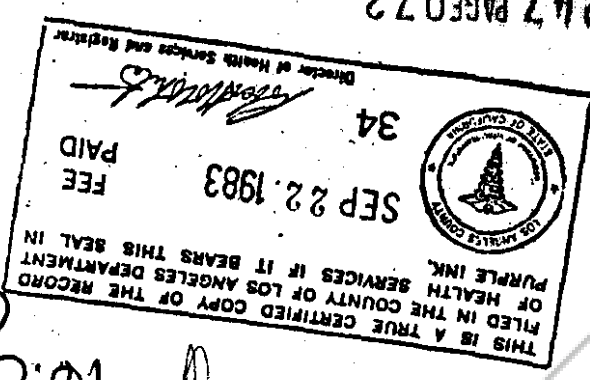
RECORDING REQUESTED BY

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.			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. IMMEDIATE CAUSE			
25. IMMEDIATE CAUSE			
26. IMMEDIATE CAUSE			
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 21 OR 23			
Removal of Teackhoff Catheter			
28C. DATE SIGNED			
28B. PHYSICIAN'S SIGNATURE AND LICENSE NUMBER			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE IMMEDIATE CAUSE			
28B. PHYSICIAN—SIGNATURE AND LICENSE NUMBER			
28C. DATE SIGNED			
28D. PHYSICIAN'S LICENSE NUMBER			
28E. TYPE PHYSICIAN'S NAME AND ADDRESS			
28F. TYPE PHYSICIAN'S NAME AND ADDRESS			
28G. TYPE PHYSICIAN'S NAME AND ADDRESS			
28H. TYPE PHYSICIAN'S NAME AND ADDRESS			
28I. TYPE PHYSICIAN'S NAME AND ADDRESS			
28J. TYPE PHYSICIAN'S NAME AND ADDRESS			
28K. TYPE PHYSICIAN'S NAME AND ADDRESS			
28L. TYPE PHYSICIAN'S NAME AND ADDRESS			
28M. TYPE PHYSICIAN'S NAME AND ADDRESS			
28N. TYPE PHYSICIAN'S NAME AND ADDRESS			
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28S. TYPE PHYSICIAN'S NAME AND ADDRESS			
28T. TYPE PHYSICIAN'S NAME AND ADDRESS			
28U. TYPE PHYSICIAN'S NAME AND ADDRESS			
28V. TYPE PHYSICIAN'S NAME AND ADDRESS			
28W. TYPE PHYSICIAN'S NAME AND ADDRESS			
28X. TYPE PHYSICIAN'S NAME AND ADDRESS			
28Y. TYPE PHYSICIAN'S NAME AND ADDRESS			
28Z. TYPE PHYSICIAN'S NAME AND ADDRESS			
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)			
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 DECREE ON TITLE			
35C. DATE SIGNED			
36. DISPOSITION			
Bural			
37. DATE—MONTH, DAY, YEAR			
9-23-83			
38. NAME AND ADDRESS OF CENTER OR CREMATOR			
200 E. Duarte Rd. Live Oak Memorial Park - Montrovia, Ca.			
39. ENTAILER'S LICENSE NUMBER AND SIGNATURE			
6346 Douglas Book			
40A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			
40B. LICENSE NO.			
221			
41. LOCAL REGISTRY SIGNATURE			
SEP 22 1983			
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100. LOCAL REGISTRY SIGNATURE			
SEP 22 1983			



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

BOOK 247 PAGE 072

NOV 15 1985  
10.0k  
CM

VS-11 (6-83)

EUREKA COUNTY, NEVADA  
DECLARATION OF VALUE

Recording Date 4-20-93 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.

David S. Boon (XX)  
Signature of Declarant

Daniel L. Glenn

Name (Please Print)

2231 San Antonio Ave.

Address

Upland, CA 91786

State

Zip

Signature of Declarant

Name (Please Print)

Escrow Number

Firm Name

Address

City

State

Zip

Tax paid for the above transfer on 4-20, 19 93, per NRS 375.030, Section 3.

Signature of Recorder or Representative

William Stegeman Property