

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO

DROBNY LAW OFFICES

2485 Natomas Park Drive, Suite 500

Sacramento, California 95833

145978

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
) ss.)
COUNTY OF SACRAMENTO)

Barbara A. Seaton, of legal age, being first duly sworn, deposes and says:

That WILLIAM TREVOR AMICK, the decedent mentioned in the attached copy of Certificate of Death, is the same person as William T. Amick named as one of the parties in that certain Quitclaim Deed dated October 19, 1988, executed by Elizabeth M. Frye, to Barbara A. Seaton, a married woman and William T. Amick, a married man (Sister and Brother), as joint tenants, recorded as Instrument No. 123667, on October 28, 1988, in Book 188, Page 393, of Official Records of Eureka County, Nevada, covering the following property situated in the County of Eureka, State of Nevada:

TOWNSHIP 31 NORTH, RANGE 49 EAST, M.D.B.&M.

Section 25: SE $\frac{1}{4}$ NW $\frac{1}{4}$

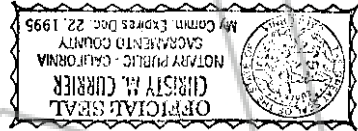
EXCEPTING therefrom an easement on all boundaries hereof 30 feet in width for utility and public road purposes.

A.P.N. 05-090-39

DATED: 11-20-92

Barbara A. Seaton
Barbara A. Seaton

SUBSCRIBED AND SWORN TO before me
this 20th day of November 1992
Signature Christy M. Currier
Name (typed or printed) CHRISTY M. CURRIER



BOOK 249 PAGE 386

36710

558-91

MONTANA CERTIFICATE OF DEATH

Local File Number

| | |
|-------------------------------------|------------------|
| 1. DECEASED'S NAME (First) | WILLIAM |
| (Middle) | TREVOR |
| (Last) | AMICK |
| 2. SEX | Male |
| 3. DATE OF DEATH (Month, Day, Year) | November 4, 1991 |
| 4. COUNTY OF DEATH | Missoula |
| 5a. AGE - Last Birthday (Years) | 50 |
| 5b. MONTHS | |
| 5c. DAYS | |
| 5d. HOURS | |
| 5e. MINUTES | |
| 6. DATE OF BIRTH (Month, Day, Year) | October 17, 1941 |
| 7a. COUNTY OF BIRTH | Missoula |

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| 7b. PLACE OF DEATH (Check only one) | <input checked="" type="checkbox"/> Hospital |
| | <input type="checkbox"/> Inpatient |
| | <input type="checkbox"/> ER/Outpatient |
| | <input type="checkbox"/> DOA |
| | <input type="checkbox"/> Other: _____ |
| 7c. FACILITY NAME (If not institution, give street and number) | St. Patrick Hospital |
| 7d. CITY, TOWN, OR LOCATION OF DEATH | Missoula |

| | |
|--|------------------------|
| 8. BIRTHPLACE (City and State or foreign Country) | Sacramento, California |
| 9. <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced | |
| 10. SURVIVING SPOUSE (If wife, give maiden surname) | Maria Gonzales |
| 11. SOCIAL SECURITY NUMBER | [REDACTED] |
| 12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | Entertainer |
| 12b. KIND OF BUSINESS/INDUSTRY | Entertainment |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) | Yes |

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|---|--|
| 14a. RESIDENCE - STATE | Washington |
| 14b. COUNTY | Snohomish |
| 14c. CITY, TOWN, OR LOCATION | Lynnwood |
| 14d. STREET NUMBER | 17821 60th Ave. W. |
| 16. DECEASED'S EDUCATION (Specify only highest grade completed) | Elementary/Secondary (0-12) College (14 or 5+) |
| 15. ANCESTRY - Mexican, Puerto Rican, Cuban, African, English, Irish, German, Hmong, etc. (Specify) | American |

| | |
|---|-------------------------------------|
| 17. FATHER'S NAME (First, Middle, Last) | Bert Amick |
| 18. MOTHER'S NAME (First, Middle, Maiden Surname) | Elizabeth Weston |
| 19a. INFORMANT'S NAME (Type/print) | Maria Amick |
| 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | Box 16544 Seattle, Washington 98116 |

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| 20a. METHOD OF DISPOSITION | <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) |
| 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | Home Public Cemetery |
| 20c. LOCATION - City or town, State | Home, California |
| 20d. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION | [Signature] |
| 21a. NAME AND ADDRESS OF FACILITY | Garden City Funeral Home & Chapel 1705 West Broadway Missoula, Montana 59802 |

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| 22. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See instructions on other side) | a. Cardiac infarction Arrest |
| | b. Probable Myocardial Infarction |
| | c. DUE TO (OR AS A CONSEQUENCE OF): |
| | d. DUE TO (OR AS A CONSEQUENCE OF): |

| | | |
|--|---|--|
| 23. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) | 24a. WAS AN AUTOPSY PERFORMED? (Yes or no) |
| | No | No |
| 25. WAS CASE REFERRED TO CORONER? (Yes or no) | 26. MANNER OF DEATH | |
| No | DATE OF INJURY TIME OF INJURY INJURY AT WORK? DESCRIBE HOW INJURY OCCURRED | |

| | |
|--|---|
| 26. MANNER OF DEATH | <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending <input type="checkbox"/> Investigation |
| 27a. DATE OF INJURY (Month, Day, Year) | |
| 27b. TIME OF INJURY | |
| 27c. INJURY AT WORK? (Yes or no) | |
| 27d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | |
| 27e. LOCATION (Street and Number or Rural Route Number, City or Town, State) | |

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|--|---|
| 28a. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. | 28b. TO BE COMPLETED BY CORONER ONLY. On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. |
| (Signature and Title) | (Signature and Title) |

| | |
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| 28c. DATE SIGNED (Month, Day, Year) | 11/5/91 |
| 28d. HOUR OF DEATH | 1245 |
| 28e. DATE PRONOUNCED DEAD (Month, Day, Year) | |
| 28f. HOUR OF DEATH | |
| 28g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | |
| 28h. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) | Warren Guffin M.D. 500 West Broadway Missoula, Montana 59802 |

| | |
|-----------------------------------|------------------|
| 29. DATE FILED (Month, Day, Year) | November 5, 1991 |
| 30. LOCAL REGISTRAR'S SIGNATURE | Linda S. Crowley |
| 31. REGISTRAR | |

| | |
|-----------------------------------|------------------|
| 32. DATE FILED (Month, Day, Year) | November 5, 1991 |
| 33. LOCAL REGISTRAR'S SIGNATURE | Linda S. Crowley |
| 34. REGISTRAR | |

| | |
|-----------------------------------|------------------|
| 35. DATE FILED (Month, Day, Year) | November 5, 1991 |
| 36. LOCAL REGISTRAR'S SIGNATURE | Linda S. Crowley |
| 37. REGISTRAR | |

| | |
|-----------------------------------|------------------|
| 38. DATE FILED (Month, Day, Year) | November 5, 1991 |
| 39. LOCAL REGISTRAR'S SIGNATURE | Linda S. Crowley |
| 40. REGISTRAR | |

| | |
|-----------------------------------|------------------|
| 41. DATE FILED (Month, Day, Year) | November 5, 1991 |
| 42. LOCAL REGISTRAR'S SIGNATURE | Linda S. Crowley |
| 43. REGISTRAR | |

| | |
|-----------------------------------|------------------|
| 44. DATE FILED (Month, Day, Year) | November 5, 1991 |
| 45. LOCAL REGISTRAR'S SIGNATURE | Linda S. Crowley |
| 46. REGISTRAR | |

| | |
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| 47. DATE FILED (Month, Day, Year) | November 5, 1991 |
| 48. LOCAL REGISTRAR'S SIGNATURE | Linda S. Crowley |
| 49. REGISTRAR | |

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| 50. DATE FILED (Month, Day, Year) | November 5, 1991 |
| 51. LOCAL REGISTRAR'S SIGNATURE | Linda S. Crowley |
| 52. REGISTRAR | |

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| 54. LOCAL REGISTRAR'S SIGNATURE | Linda S. Crowley |
| 55. REGISTRAR | |

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| 57. LOCAL REGISTRAR'S SIGNATURE | Linda S. Crowley |
| 58. REGISTRAR | |

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| 60. LOCAL REGISTRAR'S SIGNATURE | Linda S. Crowley |
| 61. REGISTRAR | |

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| 62. DATE FILED (Month, Day, Year) | November 5, 1991 |
| 63. LOCAL REGISTRAR'S SIGNATURE | Linda S. Crowley |
| 64. REGISTRAR | |

| | |
|-----------------------------------|------------------|
| 65. DATE FILED (Month, Day, Year) | November 5, 1991 |
| 66. LOCAL REGISTRAR'S SIGNATURE | Linda S. Crowley |
| 67. REGISTRAR | |

I filed this Certificate for record in this office on NOV 5 1991 Wanda Crowell, County Recorder of Missoula County, State of Montana

ALTERED JC 12-12-91 Line 11

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CLERK & RECORDER

BOOK 249 PAGE 388

I certify this to be a true and correct copy of the document on record in this office.
Date: 7/6/93
WENDY CROMWELL, Missoula County Recorder
By: *[Signature]*



145978
EUREKA COUNTY, NEVADA
M.N. REBALANCE RECORD
FILE NO. FEE \$700-

BOOK 249 PAGE 386
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Dwight Law Office
93 JUL 26 P2:22

