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County: Form No. 67 - DECLARATION OF FACT OF DEATH - Death of Joint Tenant - (C.G.S. Sec. 2018.5) (Rev. 7/82) (Acknowledgment Not 1/93)

This document is only a general form which may be proper for use in simple transactions and in no way acts, or is intended to act, as a substitute for the legal advice of a lawyer. It does not make any warranty, either express or implied, as to the legal validity of any provision or the suitability of the instrument. The printer does not make any warranty, either express or implied, as to the legal validity of any provision or the suitability of the instrument.

Declaration of Fact of Death of Joint Tenant or Life Tenant

I, Laverne L. Routh, declare:

1. I am Eighteen (18) years of age or older.

2. Attached hereto is a certified copy of the Certificate of Death for Jack R. Routh

3. The decedent, named in the Certificate of Death, is the same person as Jack R. Routh

named as one of the parties in the deed dated July 6, 1993, executed by Cattlemans Table

grantor, to Jack R. Routh, and Laverne L. Routh as Grantees

and recorded on July 9, 1993, in Book 249, page 152, of Official Records of

Eureka, California, as Instrument No. 145799, concerning the real property

located in Eureka, California, with the legal and common description

as follows: SOUTHWEST 1/4 SOUTHWEST 1/4

SECTION 25

TOWNSHIP 29N

RANGE 48E

TP. # 5-460-31

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date

11/5/94

SPACE ABOVE THIS LINE FOR RECORDERS USE

Name
Street
Address
City & State

Laverne L. Routh
15 Aveye Way
Petaluma, Ca 94952

AND WHEN RECORDED MAIL TO

Laverne L. Routh

RECORDING REQUESTED BY

155735

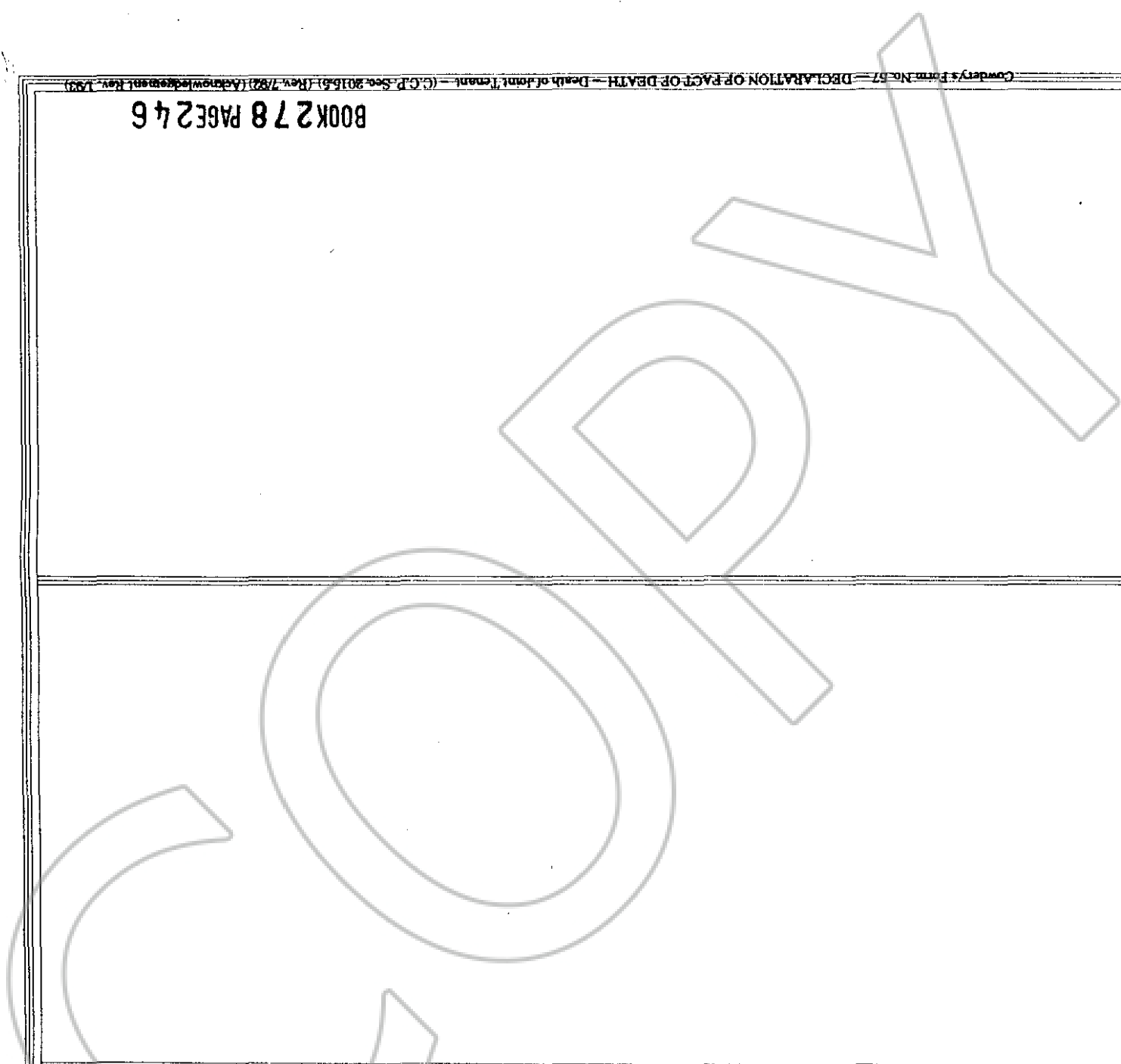
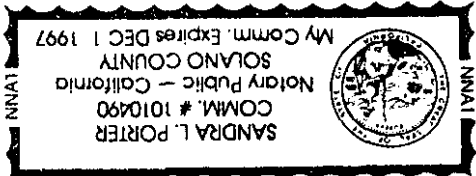
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STATE OF CALIFORNIA
COUNTY OF SOLANO

On 11/5/94 before me, Sandra L. Porter, Notary Public
personally appeared Laverne K. Roush

(X) is/are subscribed in the within instrument and
personally known to me (or proved on the basis of
satisfactory evidence) to be the person(s) whose name
acknowledged to me that he/she/they executed the
same in his/her/their authorized capacity(ies), and
that by his/her/their signature(s) on the instrument
the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

WITNESS my hand and official seal.
Sandra L. Porter
Notary Public in and for said State.



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SAN FRANCISCO, CALIFORNIA

SANDRA S. GERRANDEZ, M.D.
HEALTH OFFICER
AND LOCAL REGISTRAR

00 / 14 / 1994

DATED:

Sandra S. Gerrandez, M.D.

AN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THE
A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

155735

EUREKA COUNTY NEVADA
M.M. REBALATI, RECORDER
FILE NO. FEES 10.00

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Laverne L. ROUTH
94 NOV 10 AM 10:02