

AFFIDAVIT - DEATH OF JOINT TENANT

SPACE ABOVE THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY

BRUCE C. CHESTER, INC.

AND WHEN RECORDED MAIL TO

BRUCE C. CHESTER, INC.

A Professional Corporation

Attorneys at Law

6073 N. Fresno St., Suite 101

Fresno, CA 93710

Name
Street
Address
City &
State
Zip

Title Order No.

Escrow No.

160934

STATE OF CALIFORNIA, NEVADA

County of EUREKA

LORRAINE L. NEGUS

That ROSS BERT NEGUS

ROSS B. NEGUS

named as one of the parties in that certain

JOINT TENANCY DEED

executed by A. Z. SELTZER and ARTHUR J. DUPERRON for CRESCENT VALLEY RANCH & FARMS

to ROSS B. NEGUS and LORRAINE L. NEGUS, husband and wife

as joint tenants, recorded as Instrument No.

book 2, page 53, of Official Records of EUREKA

County, CALIFORNIA covering the following described property situated in the

County of EUREKA

State of CALIFORNIA, NEVADA

Lot 1 of Block 20 of CRESCENT VALLEY RANCH & FARMS UNIT NO. 1, as per map recorded in said county as File No. 34081.

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 \$

Dated

1/11/96

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 11th day of January, 1996

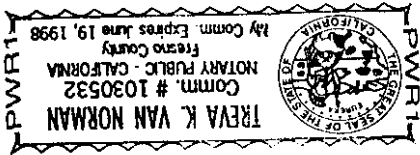
(Seal)

TREVA K. VAN NORMAN

Name (Typed or Printed)

Notary Public in and for said County and State

FOR NOTARY SEAL OR STAMP



BOOK 292 PAGE 451

COUNTY OF FRESNO

CERTIFICATE OF VITAL RECORD

DEPARTMENT OF HEALTH
FRESNO, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

392100
01028

19. NAME OF DECEDENT—FIRST (GIVEN)	BERT
18. MIDDLE	BERT
17. LAST (FAMILY)	NEGUS
4. RACE	CAUCASIAN
5. HISPANIC—SPECIFY	
6. DATE OF BIRTH—MO., DAY, YR.	FEBRUARY 23, 1913
7. AGE IN YEARS	79
8. STATE OF BIRTH	IOWA
9. STATE OF BIRTH	NB
10. FULL NAME OF FATHER	BERT NEGUS
11. FULL MAIDEN NAME OF MOTHER	ANNA ROBINSON
12. MILITARY SERVICE?	
13. SOCIAL SECURITY NO.	
14. MARITAL STATUS	MARRIED
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	LORRAINE KOCH
16. USUAL KIND OF BUSINESS OR INDUSTRY	POULTRY MARKET
16A. USUAL OCCUPATION	PROPRIETOR
17. EDUCATION—YEARS COMPLETED	12
18A. RESIDENCE—STREET AND NUMBER OR LOCATION	4721 E. FILLMORE
18B. COUNTY	FRESNO
18C. STATE OR FOREIGN COUNTRY	CA
19A. PLACE OF DEATH	FRESNO COMMUNITY HOSPITAL
19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	IP
19C. COUNTY	FRESNO
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT	LORRAINE NEGUS-WIFE 4721 E. FILLMORE FRESNO, CA. 93702
21. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C	(A) Cardiorespiratory failure (B) Coronary artery disease (C) Generalized arteriosclerosis
22. WAS DEATH REPORTED TO CORONER?	<input checked="" type="checkbox"/> YES
23. WAS BIOPSY PERFORMED?	<input checked="" type="checkbox"/> YES
24. WAS AUTOPSY PERFORMED?	<input checked="" type="checkbox"/> YES
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	None
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE	Arteriovenous bypass 3-3-92
27. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	Harold J. Hanson MD A16490
27A. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	Harold J. Hanson 6137 N. THESTA # 101 FRESNO, CA. 93710
27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	Harold J. Hanson MD A16490
27C. CERTIFIER'S LICENSE NUMBER	A16490
27D. DATE SIGNED	3-6-92
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	Harold J. Hanson 6137 N. THESTA # 101 FRESNO, CA. 93710
28. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	Harold J. Hanson MD A16490
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	Harold J. Hanson MD A16490
28B. DATE SIGNED	3-6-92
29. MANNER OF DEATH—SPECIFY ONE: natural, accident, suicide, homicide, pending investigation or could not be determined	Natural
30A. PLACE OF INJURY	
30B. INJURY AT WORK	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
30C. DATE OF INJURY	
30D. MONTH, DAY, YEAR	
30E. HOUR	
31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S)	BURIAL
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	BELMONT MEMORIAL PARK, FRESNO, CA.
34C. DATE	03/07/1992
34D. SIGNATURE OF EMBALMER	Harold J. Hanson MD A16490
35A. SIGNATURE OF EMBALMER	Harold J. Hanson MD A16490
35B. LICENSE NUMBER	0099
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	LITTLE FUNERAL HOME
36B. LICENSE NO.	FD 176
37. SIGNATURE OF LOCAL REGISTRAR	Harold J. Hanson MD A16490
38. REGISTRATION DATE	3-6-92
39. CENSUS TRACT	
40. MAKE NO ERRORS, WHITENESS, OR OTHER ALTERATIONS	

1. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	
2. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	
3. CERTIFY THAT I AM A PHYSICIAN AND DEGREE OR TITLE OF CERTIFIER	Harold J. Hanson MD A16490
4. CERTIFY THAT I AM A CORONER OR DEPUTY CORONER	Harold J. Hanson MD A16490
5. CERTIFY THAT I AM A REGISTRAR	Harold J. Hanson MD A16490
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STATE OF CALIFORNIA
COUNTY OF FRESNO
DATE ISSUED
MAR 09 1992

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, FRESNO CO. DEPARTMENT OF HEALTH.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS
BOOK 292 PAGE 452



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BOOK 292 PAGE 453

BOOK 292 PAGE 451
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Bruce C. Chester, Inc.
96 JAN 22 PM 1:09
EUREKA COUNTY, NEVADA
M.M. REBALCATTI, RECORDER
FILE NO. 160934
FEE \$9.00