

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

Henry S. Molino
PO Box 1207
Sisters, OR 97759

172220

Order No. _____

Escrow No. acom 99-05-10

Loan No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

APN 003-141-27

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,
County of _____ } ss.

Henry S. Molino, of legal age, being first duly sworn, deposes and says:
That Madelle B. Molino, the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as Madelle B. Molino AKA Rachel Madelle Molino
named as one of the parties in that certain Deed dated 12 - 10 - 68
executed by Nevada Title Guaranty Cmpany
to Henry S. Molino & Madelle B. Molino, Husband and Wife
as joint tenants, recorded as Instrument No. 48113 on 12-12-68 in
Book 26, Page 449 of Official Records of Eureka County, ~~California~~
covering the following described property situated in the County of Eureka, State of ~~California~~
NEVADA

TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B. &M.

Section 29: N 1/2 of SE 1/4 of SE 1/4
Lot 21 in Block 22 and Lot 21 in Block 30, as shown on the map of Crecent
Valley Ranch and Farms, Unit No. 1 filed in the office of the County
Recorder of Eureka County, Nevada, on April 6, 1959

EXCEPTING, any and all oil rights, including the right of entry for
exploration and production of oil or other hydrocarbons.

Dated: May 6, 1999

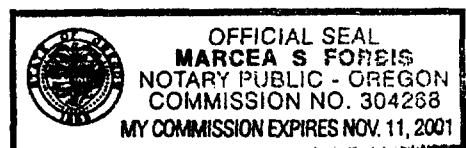
Henry S. Molino

SUBSCRIBED AND SWORN TO before me, the
undersigned a Notary Public in and for said State,

this 6 day of MAY 1999
WITNESS my hand and official seal.

Signature Marcea S. Forbis

MARCEA S. FORBIS
Name (Typed or Printed)



(This is the official notary seal) BOOK 3-27 PAGE 172

CERTIFICATION OF VITAL RECORD

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

B-3343
ID TAG NO.

Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE BOOK
 DECEASED
 POSITION
 CAUSE OF DEATH

DECEASED — NAME 1 Rachel Madelle MOLINO			DATE OF DEATH (month, day, year) 2 November 26, 1987		
RACE White, Black, American Indian, etc. (specify) 3 White		SEX 4 Female	AGE — Last birthday (years) 5a 73		DATE OF BIRTH (month, day, year) 6 October 28, 1914
CITY, TOWN OR LOCATION OF DEATH 7a Portland		HOSPITAL OR OTHER INSTITUTION — NAME (if not in either, give street and number) 7b Portland Adventist Med. Center		IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify) 7c Inpatient	COUNTY OF DEATH 7d Multnomah
STATE OF BIRTH (if not in U.S.A., name country) 8 Oregon	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Henry S.		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) 12 No
SOCIAL SECURITY NUMBER 13		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Homemaker 914961		KIND OF BUSINESS OR INDUSTRY 14b At Home	
RESIDENCE — STATE 15a Oregon	COUNTY 15b Multnomah	CITY, TOWN OR LOCATION 15c Portland	STREET AND NUMBER OR R.F.D. 15d 1501 N. Hayden Is. Dr., #99C		ZIP 97217 77
FATHER — NAME first middle last 16 Charles Abraham Beidler		MOTHER — first middle last (Maiden Name) 17 Rachel Jane Smith		INFORMANT — NAME and relationship to deceased 18 Henry S. Molino, Husband	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Cremation		CEMETERY OR CREMATORY — NAME 19b Rose City Crematory		LOCATION city or town state 19c Portland, Oregon	
FUNERAL SERVICE LICENSEE or person acting as such (Signature) 20a <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY 20b Gable Funeral Home, 225 NE 80th Ave, Portland, OR 97213			
To be Completed by CERTIFYING PHYSICIAN Only 21a (Signature) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Year) 21b 11/27/87		HOUR OF DEATH 21c 0820 M	
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) 21d Thomas P. Henry, 5919 S.E. Belmont, Portland, OR 97215		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e		ZIP:	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a NOV 30 1987		REGISTRAR 22b (Signature) <i>[Signature]</i>			
PART I IMMEDIATE CAUSE — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)]					Interval between onset and death
(a) <i>Alzheimer's Disease</i>					Interval between onset and death
(b)					Interval between onset and death
(c)					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 24 No	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 Yes
ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo., Day, Year) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			WAS GIFT MADE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 6

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.



DATE ISSUED DEC 04 1987 *Arthur W. Bloom*
 ARTHUR W. BLOOM
 COUNTY REGISTRAR
 MULTNOMAH COUNTY, OREGON

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BOOK 327 PAGE 174
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
First American Title
99 MAY 11 PM 2:06

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. **172220** FEES 9.00

COPY

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