

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

Henry S. Molino
P O Box 1207
Sisters, OR 97759

172220

Order No. _____

Escrow No. accom 99-05-10

Loan No. _____

APN 003-141-27

SPACE ABOVE THIS LINE FOR RECORDER'S USE

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

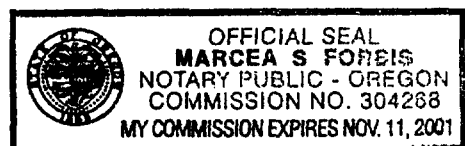
Henry S. Molino

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

B-3343
ID TAG NO.

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

CERTIFICATE OF DEATH

Local File Number

State File Number

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

BOOK 327 PAGE 173

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BOOK 327 PAGE 172
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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