

RECORDING REQUESTED BY:
We The People

WHEN RECORDED MAIL TO:
Sherrill Ann Carmen
17421 Marlin Place
Van Nuys, CA 91406

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
We the People
2004 JUL 12 PM 3:36

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 15⁰⁰

188217

AFFIDAVIT - DEATH OF JOINT TENANT

APN: 005-170-04

State of Nevada }
County of Eureka }

Sherrill Ann Carmen, of legal age, being first duly sworn, deposes and says:

That Arnold A. Bloom, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Arnold A. Bloom named as one of the parties in that certain deed dated September 11, 1979, executed by Arnold A. Bloom to Arnold A. Bloom and Sherrill Ann Carmen, as joint tenants with right of survivorship, recorded as Instrument No. 70384, Book 74, Page 491 on October 4, 1979, in Eureka County, Nevada. Commonly known as: Land in the State of Nevada.

Described as:

Section 3 Township 30 North, Range 48 East, M. D. B. & M.

With all appurtenances, subject to covenants, easements and restrictions of record.

Date

June 30, 2004

Sherrill Ann Carmen
Sherrill Ann Carmen

SUBSCRIBED AND SWORN TO before me,
the undersigned, a Notary Public in and for
said County and State, this 30th day of
JUNE, 2004

Michael R. Manos
MICHAEL R. MANOS

Name (Typed or Printed)
Notary Public in and for said County and State



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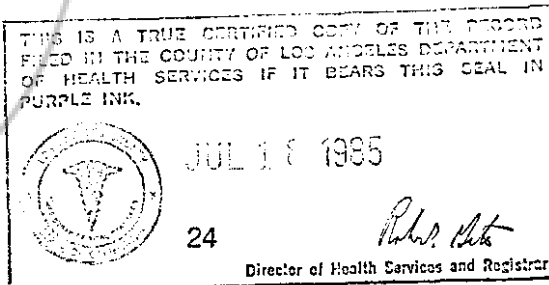
CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST	
	ARNOLD		A.	BLOOM	
	3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	
	MALE	CAUC	NO	NOVEMBER 6, 1911	
	7. AGE		IF UNDER 1 YEAR		IF UNDER 24 HOURS
		73 YEARS		MONTHS	DAYS
USUAL RESIDENCE	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER
	NEW YORK		RALPH BLOOM - NEW YORK		LENA STOPECK - NEW YORK
	11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER
		USA		19 NO TO 19 NO	
13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		15. PRIMARY OCCUPATION	
WIDOWED				BUSINESS OWNER	
16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
15		SELF EMPLOYED		SERVICE STATION	
PLACE OF DEATH	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN
	4375 VENTURA CANYON #10				SHERMAN OAKS
	19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
LOS ANGELES		CALIFORNIA		SHERRILL CARMEN - DAUGHTER	
21A. PLACE OF DEATH		21B. COUNTY		17421 MARLIN PLACE	
KAISER PERMANENTE HOSPITAL		LOS ANGELES		VAN NUYS, CA 91406	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN			
13652 CANTARA STREET		PANORAMA CITY			
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)				
	IMMEDIATE CAUSE				
	(A) ASYSTOLE				
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.				
	(B) RESPIRATORY FAILURE				
(C) PANCREATIC CARCINOMA					
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A					
NONE					
24. WAS DEATH REPORTED TO CORONER?					
NO					
25. WAS BIOPSY PERFORMED?					
NO					
26. WAS AUTOPSY PERFORMED?					
NO					
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION					
VAGOTOMY, ANTERIOR 11/84; CASTROPHYLLIC STIFF					
PHYSI- CIAN'S CERTIFICA- TION	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED
	I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28D. PHYSICIAN'S LICENSE NUMBER
	8/15/83		7/15/85		649633
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
BURIAL		JULY 18, 1985		11500 SEPULVEDA BLVD. MISSION HILLS, CA	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
GROMAN EDEN MORTUARY		dm1 1070		R. H. H. H.	
42. DATE ACCEPTED BY LOCAL REGISTRAR		43. EMBALMER'S LICENSE NUMBER AND SIGNATURE			
JUL 18 1985		NOT EMBALMED			
STATE REGISTRAR		F.			
A.		B.			
C.		D.			
E.		F.			

11-11-85

01-9-1-0432



188217

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