

RECORDING REQUESTED BY:
We The People

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

BOOK **383** PAGE **313-314**
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



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		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR		
	ARNOLD		A.		BLOOM		JULY 16, 1985		0545		
	3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH			7. AGE	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOUR: DAYS	HOURS	MINUTES
	MALE	CAUC	NO	NOVEMBER 6, 1911			73 YEARS				
	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 DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)			
USA		19 NO TO 19 NO		[REDACTED]		WIDOWED					
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)			18. KIND OF INDUSTRY OR BUSINESS				
BUSINESS OWNER		15		SELF EMPLOYED			SERVICE STATION				
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.		19C. CITY OR TOWN				
	4375 VENTURA CANYON #10						SHERMAN OAKS				
PLACE OF DEATH	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										
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.										
	(A)	ASYSTOLE			MINUTES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER?				
(B)	RESPIRATORY FAILURE			12 HOURS		NO					
(C)	PANCREATIC CARCINOMA			8 MONTHS		25. WAS BIOPSY PERFORMED?					
										NO	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A										27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
NONE										VAGUOUS, INTERESTING 11/84; GASTROINTESTINAL SURGERY	
PHYSICIAN'S CERTIFICATION	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		28D. PHYSICIAN'S LICENSE NUMBER		
	I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)			LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)			7/16/85		G49633		
8/15/83			7/15/85			28E. TYPE PHYSICIAN'S NAME AND ADDRESS		13652 CANTARA ST. PANORAMA CITY, CA 91402			
INJURY INFORMATION	29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR		
CORONER'S USE ONLY	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			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE				
BURIAL		JULY 18, 1985		EDEN MEMORIAL PARK MISSION HILLS, CA			NOT EMBALMED				
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR				
GROMAN EDEN MORTUARY			dm1 1070		Rahers. [Signature]		M [Signature] JUL 18 1985				
STATE REGISTRAR	A.	B.	C.	D.	E.	F.					

01-9-1-0432

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

JUL 18 1985

24 *Rahers. [Signature]*
Director of Health Services and Registrar

188217

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