

Nevada, said real property being more specifically described as follows:

E½ E½ SW¼ SW¼ -and W½ SE¼ SW¼ Section 23,
Township 30 North, Range 48 East, M.D.B&M.

TOGETHER with any and all improvements situate
thereon.

APN: 005-220-05

4. That **LORENE DORIS FRIEND aka LORENE D. FRIEND**, being one of the persons described in the foregoing described documents as a grantee and joint tenant, died in the City of Los Angeles, County of Los Angeles, State of California, on the 26th day of March, 1986. That a certified copy of the death certificate of said **LORENE DORIS FRIEND aka LORENE D. FRIEND** is attached to this Affidavit and made a part thereof.

5. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said **LORENE DORIS FRIEND aka LORENE D. FRIEND**, the deceased joint tenant, in and to the foregoing described property, and vesting title thereto solely in **SAMPSON TINCHER FRIEND aka SAMPSON T. FRIEND** as the surviving joint tenant of **LORENE DORIS FRIEND aka LORENE D. FRIEND**.

DATED this 30th day of ^{July}~~August~~, 2004.

Glenden K. Amerine
GLENDEN K. AMERINE

State of Washington
County of King

This instrument was acknowledged before me on the 30th
day of July, 2004, by **GLENDEN K. AMERINE**.

Kimberly White
NOTARY PUBLIC
Kimberly J. White
my commission expires 1/9/2006



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

38619015448

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		
LORENE		DORIS		FRIEND		
2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR		2C. MINUTE		
MARCH 29, 1986		2215				
DECEDENT PERSONAL DATA	3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH		
	Female	Cauc.	NO <input type="checkbox"/> YES <input type="checkbox"/>	August 15, 1910		
	6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
	Illinois		Samuel L. Nichols - Illinois		Mary Meisenhimer, Illinois	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		
USA		19 TO 19		[REDACTED]		
13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE OR WIFE (ENTER BIRTH NAME)		15. KIND OF INDUSTRY OR BUSINESS		
Married		Sampson Friend		Own Home		
16. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OR SELF-EMPLOYED, SO STATED		
Homemaker		53		Self Employed		
18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		18B. CITY OR TOWN		19. CITY OR TOWN		
323 N. Marengo Avenue		Los Angeles		Alhambra		
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		
Los Angeles		California		Sampson Friend - Husband 323 N. Marengo Avenue Alhambra, California 91801		
PLACE OF DEATH	21A. PLACE OF DEATH		21B. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
	Alhambra Community Hospital		Los Angeles			
	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN			
100 S. Raymond		Alhambra				
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					
	IMMEDIATE CAUSE					
	(A) <u>CARDIAC ARREST</u> ← 10 MIN					
	(B) <u>HYPERTENSIVE CARDIAC DISEASE</u> ← 10 YRS					
24. WAS DEATH REPORTED TO CORONER?						
ND						
25. WAS BOPST PERFORMED?						
ND						
26. WAS AUTOPSY PERFORMED?						
ND						
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION						
No						
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	
	[ATTENDED DECEDENT SINCE] [LAST SAW DECEDENT ALIVE]		Donald W. Petit, M.D.		31 MAR 86	
	July 14, 1948 Mar. 26 1986		Donald W. Petit, M.D. 50 Bellefontaine, Pasadena		AD 8937	
INJURY INFORMATION	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)			
CORONER'S USE ONLY	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		
	36. DISPOSITION			36. DATE SIGNED		
Burial		APR. 2, 1986		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		
SAN GABRIEL CEMETERY		601 W. ROSES RD., SAN GABRIEL, CALIF.		6412 [Signature]		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		
TURNER & STEVENS, ALHAMBRA		17		[Signature]		
42. DATE ACCEPTED BY LOCAL REGISTRAR		43. SIGNATURE OF REGISTRAR		44. DATE ACCEPTED BY LOCAL REGISTRAR		
APR 01 1986		[Signature]		APR 01 1986		

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk. JUL 21 2004



Conny B. McCormack
CONNY B. McCORMACK
Registrar-Recorder/County Clerk



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This copy not valid unless prepared in accordance with the Registrar-Recorder/County Clerk and Signature of the Registrar-Recorder County Clerk.

