

APN: 005-520-11

After Recording Return To:

Richard Matthews
Matthews & Wines, P.C.
687 Sixth Street, Suite 1
Elko, NV 89801

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Richard Matthews
2004 AUG 25 PM 3:15

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

191684

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
) ss.
COUNTY OF LOS ANGELES)

Yvonne Antognazzi, being duly sworn, deposes and says:

1. That my deceased mother, Iola Fortier, died December 29, 1990, in Hemet, California, as shown on the attached Certificate of Death.
2. That Iola Fortier and my father, Charles W. Fortier, took title to the below described real property as joint tenants by the following instrument of conveyance: Trustee's Deed upon Sale recorded at Book 81, Page 65, File No. 73529, Eureka County, Nevada, Recorder's Office.
3. That the real property subject of this Affidavit is described as follows:
T. 29 N., R. 49 E., MDM:
Section 19: W1/2 NW1/4 (Lots 1 and 2).
TOGETHER with any and all buildings and improvements situate thereon.
TOGETHER with the tenements, hereditaments and appurtenances thereunto
belonging or appertaining, and the reversions, remainder and remainders,
rents, issues and profits thereof.

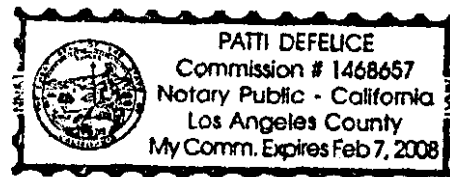
4. FURTHER AFFIANT SAITH NOT,

Yvonne Antognazzi
YVONNE ANTOGNAZZI

SUBSCRIBED AND SWORN TO
before me by Yvonne Antognazzi
this 14 day of August, 2004

Patti Defelice

NOTARY PUBLIC



CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Iola		1B. MIDDLE Muriel	
1C. LAST (FAMILY) Fortier		2A. DATE OF DEATH—MO. DAY, YR December 29, 1990	
4. RACE White		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. DATE OF BIRTH—MO. DAY, YR December 5, 1915		7. AGE IN YEARS 75	
8. STATE OF BIRTH MN		9. CITIZEN OF WHAT COUNTRY U.S.A.	
10A. FULL NAME OF FATHER Frank Petersdorf		10B. STATE OF BIRTH IL	
11A. FULL MAIDEN NAME OF MOTHER Sadie Thomas		11B. STATE OF BIRTH Unknown	
12. MILITARY SERVICE? 19__ To 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. [REDACTED]	
14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Charles William Fortier	
16A. USUAL OCCUPATION Homemaker		16B. USUAL KIND OF BUSINESS OR INDUSTRY Own Home	
16C. USUAL EMPLOYER Self-employed		16D. YEARS IN OCCUPATION 57	
16E. EDUCATION—YEARS COMPLETED 9			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 47654 Clark Street		18B. CITY Oakridge	
18C. ZIP CODE 97463			
18D. COUNTY Lane		18E. NUMBER OF YEARS IN THIS COUNTY 13	
18F. STATE OR FOREIGN COUNTRY OR		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Charles W. Fortier - Husband 47654 Clark Street Oakridge, OR 97463	
19A. PLACE OF DEATH Hemet Valley Medical Center		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP	
19C. COUNTY Riverside		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1117 E. Devonshire Avenue	
19E. CITY Hemet		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) CARDIAC ARREST		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) RESPIRATORY ARREST		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) MASSIVE INTRACEREBRAL HEMORRHAGE-CVA		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 NONE		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NO	
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER [Signature] M.D.	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 12/19/90		27C. CERTIFIER'S LICENSE NUMBER A 41153	
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 12/28/90		27D. DATE SIGNED 12/29/90	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Yurzul Dhanani, M.D., 40948 E. Florida, Hemet, CA			
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER [Signature]	
28B. DATE SIGNED			
29. MANNER OF DEATH—specify one natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY	
30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR	
30D. HOUR			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) TR/BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Oakridge Funeral Home 2nd & Ash St., Oakridge, OR	
34C. DATE MO, DAY, YEAR Dec. 31, 1990		34D. SIGNATURE OF EMBALMER [Signature]	
34E. LICENSE NUMBER 5000			
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) McWane Family Funeral Home		36B. LICENSE NO. FD998	
37. SIGNATURE OF LOCAL REGISTRAR [Signature]		38. REGISTRATION DATE Dec. 29, 1990	
39. STATE REGISTRAR		40. CENSUS TRACT	

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

165685

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

DATE ISSUED **JAN 04 1991**

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

191684

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This copy not valid unless accompanied by original and displaying seal and signature of Registrar.

