

APN: 05-480-04

After Recording Return To:

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

BOOK 403 PAGE 209-212  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Matthews & Wines*  
2005 JAN 13 PM 1:46

EUREKA COUNTY, NEVADA  
M.H. REBALEATI, RECORDER  
FILE NO. FEES 17.00

**194986**

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF COLORADO )  
 ) ss.  
COUNTY OF LARIMER )

MARGARET A. JACOBS, formerly MARGARET A. MEILS, being duly sworn, deposes and says:

1. That my deceased husband, ROBERT M. MEILS, died on February 10, 1984, in Long Beach, Los Angeles County, California, as shown on the attached Certificate of Death.

2. That my said deceased husband and I took title to the below described real property by the following instrument of conveyance: Deed recorded at Book 21, Page 39, Document No. 45449, Official Records, Eureka County, Nevada, Recorder's Office.

3. That the real property subject of this Affidavit is described as follows:

Township 29 North, Range 49 East, MDM

Section 5: S½ of Lot 5; all of Lot 12.

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.

///

FURTHER AFFIANT SAITH NOT.

Margaret A. Jacobs  
MARGARET A. JACOBS, formerly  
MARGARET A. MEILS

SUBSCRIBED AND SWORN TO

before me by MARGARET A. JACOBS,

formerly MARGARET A. MEILS,

this 4<sup>th</sup> day of January, 2005

Elizabeth A. Lambert  
NOTARY PUBLIC



My Commission Expires Jul. 9, 2008

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

84-035172

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

0190-008673

STATE FILE NUMBER <b>84-035172</b>		CERTIFICATE OF DEATH STATE OF CALIFORNIA		LOCAL REGISTRATION DIVISION AND CERTIFICATE NUMBER <b>0190-008673</b>	
7A. NAME OF DECEDENT - FIRST <b>Robert</b>		18. MIDDLE <b>Miller</b>		10. DATE OF DEATH - MONTH DAY YEAR <b>February 10, 1984</b>	
19. LAST <b>Mells</b>		28. SEX <b>Male</b>		28. AGE <b>61</b>	
3. SEX <b>Male</b>		4. RACE/ETHNICITY <b>White/German</b>		5. BRANDS/PIDRANNO <b>8</b>	
6. DATE OF BIRTH <b>February 17, 1922</b>		7. AGE <b>61</b>		8. YEAR <b>1984</b>	
9. QUINPLACE OF DECEASENT - STATE <b>Illinois</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Robert Arthur Mells - NB</b>		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Lucas Miller - IL</b>	
11. CITIZEN - WHAT COUNTRY <b>United States</b>		12. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		13. MARITAL STATUS <b>Married</b>	
14. PRIMARY OCCUPATION <b>Flour Miller</b>		16. NUMBER OF YEARS <b>40</b>		17. EMPLOYED (IF SELF-EMPLOYED - INDICATE) <b>Self Employed</b>	
18. NAME OF SURVIVING SPOUSE (IF WIFE LIVED WITH DECEDENT) <b>Margaret Bretholz</b>		19. KIND OF INDUSTRY OR BUSINESS <b>Wholesale Flour Milling</b>		20. NAME AND ADDRESS OF INFORMANT <b>V.A. Records and Mrs. Margaret Bretholz, Wife 300 North Rampart Street # 126 Orange, CA 92668</b>	
10A. USUAL RESIDENCE - STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>300 North Rampart Street # 126</b>		10B. CITY OR TOWN <b>Orange</b>		10C. STATE <b>California 92668</b>	
11A. PLACE OF DEATH <b>V.A. Medical Center</b>		11B. CITY OR TOWN <b>Los Angeles</b>		11C. STATE <b>California 92668</b>	
12A. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>5901 East Seventh Street</b>		12B. CITY OR TOWN <b>Long Beach</b>		12C. STATE <b>California 90822</b>	
23. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <b>Cardio-respiratory arrest</b> (B) <b>Sepsis</b> (C) <b>Diabetes mellitus</b>		24. WAS DEATH REPORTED TO CORONER? <b>NO</b>		25. WAS BIOPSY PERFORMED? <b>NO</b>	
26. OTHER CONDITIONS CONTRIBUTING, BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <b>Coronary artery disease, Status post myocardial infarction, Chronic renal failure</b>		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 23? <b>None</b>		28. WAS AUTOPSY PERFORMED? <b>NO</b>	
29. DATE DEATH OCCURRED AT THE HOUR, DATE <b>12 22 83</b>		30. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE <b>D. G. Rupley, M. D.</b>		31. DATE SIGNED <b>2/11/84</b>	
32. TYPE PHYSICIAN'S NAME AND ADDRESS <b>V.A. Medical Center, 5901 E. 7th St., Long Beach, CA 90822</b>		33. TYPE PHYSICIAN'S NAME AND ADDRESS <b>D. G. Rupley, M. D.</b>		34. PHYSICIAN'S LICENSE NUMBER <b>440019</b>	
35. LOCATION - STREET AND NUMBER OR LOCATION AND CITY OR TOWN <b>5901 East Seventh Street, Long Beach, CA 90822</b>		36. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		37. DATE OF INJURY - MONTH DAY YEAR <b>02 10 84</b>	
38. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED AS REQUIRED BY LAW I HAVE HELD AN (ENGL) INVESTIGATION		39. CORONER - SIGNATURE AND DEGREE OR TITLE <b>[Signature]</b>		40. DATE SIGNED <b>Feb 13 1984</b>	
36. DISTRIBUTION <b>Burial</b>		37. DATE - MONTH DAY YEAR <b>Feb. 13, 1984</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATOR <b>Forest Lawn Cypress, 1051</b>	
39. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Forest Lawn Cypress</b>		40. LICENSE NO. <b>1051</b>		41. SIGNATURE OF FUNERAL DIRECTOR <b>[Signature]</b>	
42. STATE REGISTER <b>5</b>		43. REGISTER NO. <b>30</b>		44. REGISTER NO. <b>2</b>	
45. REGISTER NO. <b>2500</b>		46. REGISTER NO. <b>2500</b>		47. REGISTER NO. <b>2500</b>	



This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

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MICHAEL L. RODRIAN  
STATE REGISTRAR OF VITAL RECORDS

DATE ISSUED

BOOK 403 PAGE 211

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES

84-035172

AFFIDAVIT TO AMEND A RECORD

BIRTH  DEATH  FETAL DEATH  MARRIAGE

0190-008673

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY	1. FIRST NAME ROBERT		10. MIDDLE NAME MILLER	11. LAST NAME MILLS
	2. SEX Male	3. DATE OF EVENT February 10, 1984	4. PLACE OF OCCURRENCE—CITY AND COUNTY Long Beach - Los Angeles	
	5. NAME OF FATHER Robert Arthur Mills		6. BIRTH NAME OF MOTHER Leona Miller	

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	7. ITEM NUMBER 20	8. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD V.A. Records and Mrs. Margaret Breiholz, wife	9. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE V.A. Records and Mrs. Margaret Mills, wife
	10. REASON FOR CORRECTION To correct record.		

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>Margaret Ann Mills</i>	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 wife	12. AGE OF PERSON COMPLETING THE AFFIDAVIT Over 21
SECOND SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	13. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>Beverley Robinson</i>	14. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 mortuary clerk	15. AGE OF PERSON COMPLETING THE AFFIDAVIT Over 21
DATE OR LOCAL REGISTRAR USE ONLY	16. DATE SIGNED 2-22-84	17. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 300 N. Rampart Street, #126, Orange CA 92668	
	18. DATE ACCEPTED MAR 12 1984	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 4471 Lincoln Avenue Cypress CA 90630	20. OFFICE OF THE STATE REGISTRAR OF VITAL RECORDS

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 1-80) FORM VS-84

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*Michael L. Rodrian*  
MICHAEL L. RODRIAN  
STATE REGISTRAR OF VITAL RECORDS

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194986 BOOK 4 0 3 PAGE 2 | 2



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