

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME ELLSWORTH G. FARR
ADDRESS 68496 CALLE MORA
CITY CATHEDRAL CITY
STATE & ZIP CA. 92234

DOC # 0209357

05/09/2007

02:12 PM

Official Record

Recording requested By
ELLSWORTH G FARR

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT

Recorded By FES

Book- 0457 Page- 0149



0209357

APN NO. 005-310-02

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada

County of Eureka } ss

Ellsworth G. Farr, of legal age, being first duly sworn, deposes and says:

That Virginia Lee Farr, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Virginia Farr named as one of the parties in that certain Quit-Claim Deed dated September 7, 1979, executed by Irene Farr to Ellsworth G. Farr and Virginia Farr, as joint tenants, recorded as Instrument No. 69976 on September 25, 1979, in Book 74, Page 75, of Official Records of Eureka County, Nevada, covering the following described property situated in the said County, State of Nevada:

The East half of the Northeast quarter of the Northeast quarter of Section 29, Township 30 North, Range 49 East, M.D.B.M., as per Government Survey.

Reserving therefrom an easement of 30 feet along all boundaries for ingress and egress, with power to dedicate.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$19,000.

Date: May 4, 2007

State of California

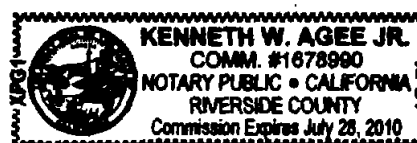
County of Riverside

Ellsworth G. Farr
Ellsworth G. Farr

Subscribed and sworn to (or affirmed) before me on this 4th day of May, 2007, by Ellsworth G. Farr, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature

Kenneth W. Agee Jr.



COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200533008994

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
VIRGINIA		FARR	
2. MIDDLE		4. DATE OF BIRTH	
LEE		08/06/1931	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs	
		74	
9. BIRTH STATE-FOREIGN COUNTRY		12. MARITAL STATUS (at Time of Death)	
CA		MARRIED	
10. SOCIAL SECURITY NUMBER		7. DATE OF DEATH	
		09/08/2005	
11. EVER IN U.S. ARMED FORCES?		8. HOUR (24 Hours)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		1004	
13. EDUCATION - highest level/degree (see instructions on back)		16. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))	
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
HOMEMAKER		OWN HOME	
19. YEARS IN OCCUPATION			
51			
20. DECEDENT'S RESIDENCE (Street and number or location)			
68496 CALLE MORA			
21. CITY			
CATHEDRAL CITY			
22. COUNTY/PROVINCE			
RIVERSIDE			
23. ZIP CODE			
92234			
24. YEARS IN COUNTY			
15			
25. STATE/FOREIGN COUNTRY			
CA			
26. INFORMANT'S NAME, RELATIONSHIP			
ELLSWORTH GYE FARR, HUSBAND			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
68496 CALLE MORA, CATHEDRAL CITY, CA 92234			
28. NAME OF SURVIVING SPOUSE - FIRST			
ELLSWORTH			
29. MIDDLE			
GYE			
30. LAST (Middle Initial)			
FARR			
31. NAME OF FATHER - FIRST			
CLYDE			
32. MIDDLE			
M.			
33. LAST			
GATES			
34. BIRTH STATE			
CA			
35. NAME OF MOTHER - FIRST			
MARIAN			
36. MIDDLE			
UNKNOWN			
37. LAST (Middle)			
UNKNOWN			
38. BIRTH STATE			
CA			
39. DISPOSITION DATE			
09/20/2005			
40. PLACE OF FINAL DISPOSITION			
FOREST LAWN MEMORIAL PARK, 69855 RAMON ROAD CATHEDRAL CITY, CA 92234			
41. TYPE OF DISPOSITION(S)			
CR/BU			
42. SIGNATURE OF EMBALMER			
NOT EMBALMED			
43. LICENSE NUMBER			
44. NAME OF FUNERAL ESTABLISHMENT			
NEPTUNE SOCIETY-RIVERSIDE, CA			
45. LICENSE NUMBER			
FD 1307			
46. SIGNATURE OF LOCAL REGISTRAR			
GARY M. FELDMAN, MD			
47. DATE			
09/19/2005			
101. PLACE OF DEATH			
EISENHOWER MEMORIAL HOSPITAL			
102. IF HOSPITAL, SPECIFY ONE			
<input checked="" type="checkbox"/> IP <input type="checkbox"/> ERCP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> Nursing Home/ETC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY			
RIVERSIDE			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
39000 808 HOPE DRIVE			
106. CITY			
RANCHO MIRAGE			
107. CAUSE OF DEATH			
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			
IMMEDIATE CAUSE (A)			
CARDIAC ARREST			
108. TIME ELAPSED BETWEEN ONSET AND DEATH			
1 HOUR			
109. DEATH REPORTED TO CORNER?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
110. BLOODY PERFORMED?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
111. AUTOPSY PERFORMED?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. USED IN DETERMINING CAUSE?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
CHRONIC RENAL FAILURE, HYPERTENSION			
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date.)			
NO			
115. SIGNATURE AND TYPE OF CERTIFIER			
Chandra Shekar, M.D.			
116. LICENSE NUMBER			
A33785			
117. DATE			
09/15/2005			
118. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			
119. MANNER OF DEATH			
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
120. INJURED AT WORK?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE			
122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
126. SIGNATURE OF CORONER / DEPUTY CORONER			
127. DATE			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

STATE REGISTRAR	A	B	C	D	E	FAX AUTH. #	CENSUS TRACT
						09/19/2005	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF RIVERSIDE

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

Chandra Shekar, M.D.



000317371

DATE ISSUED 09/20/20

This copy not valid unless prepared on engraved



0209357

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