

RECORDING REQUESTED BY:

VAL DORNAY, ATTORNEY

**When Recorded Mail Document
and Tax Statement To:**

CLEO H. MATTOX
371 Bethel, #61
Sanger, CA 93657

DOC # 0210702

09/28/2007 09:30 AM

Official Record

Recording requested by
VAL DORNAY

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$40.00

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RPTT:

Recorded By: MR

Book- 0464 Page- 0233



0210702

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

COUNTY OF FRESNO,

I, CLEO H. MATTOX, of legal age, being first duly sworn, and deposes and says:

That OPAL MARIE MATTOX, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as OPAL M. MATTOX named as one of the parties in that certain **JOINT TENANCY DEED** dated May 24, 1999,

executed by CHERA FOCAZIO, Vice President of Cattlemen's Title Guarantee Company, as Trustee

to CLEO H. MATTOX and OPAL M. MATTOX, Husband and Wife, as Joint Tenants, recorded as Instrument No. 172248, Book 327 Page 315 on May 27, 1999, of Official Records of Eureka County, Nevada, covering the following described property situated in the County of Eureka, State of Nevada:

Lot 7, Block 12, Crescent Valley Ranch & Farms Unit No. 3, as recorded TP #3-031-06
APN: 003-031-06


DATED: 9-14-07

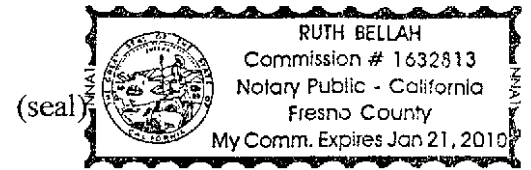

CLEO H. MATTOX

SUBSCRIBED AND SWORN TO before me
this 14th day of September, 2007.

by CLEO H. MATTOX

personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature 
Notary Public



CERTIFICATION OF VITAL RECORD

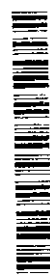
COUNTY of FRESNO

FRESNO, CALIFORNIA

CERTIFICATE OF DEATH **3200010 004809**

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITECOUTS OR ALTERATIONS VB-11-REV. 1/00		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
Opal		Marie		Mattox	
4. DATE OF BIRTH M/M/DD/CCT Y Y		5. AGE (YRS. MONTHS / DAYS)		6. SEX	
10/23/1933		67		F	
7. DATE OF DEATH M/M/DD/CCT Y Y		8. H.O.B.		9. SOCIAL SECURITY NO.	
11/12/2000		2343		[REDACTED]	
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
[REDACTED]		[] YES [X] NO [] UNK		Married	
13. EDUCATION—YEARS COMPLETED		14. RACE		15. HISPANIC—SPECIFY	
11		White		[] YES [X] NO	
16. OCCUPATION		17. KIND OF BUSINESS		18. USUAL EMPLOYER	
Homemaker		Own Home		Self Employed	
19. YEARS IN OCCUPATION		20. RESIDENCE—(STREET AND NUMBER OR LOCATION)		21. CITY	
49		371 Bethel Ave. #61		Sanger	
22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
Fresno		93657		60	
25. STATE OF BIRTH OR COUNTRY		26. NAME, RELATIONSHIP		27. MAILING ADDRESS—(STREET AND NUMBER OR RURAL ROUTE NUMBER, 1ST OR 2ND, STATE, ZIP)	
CA		Cleo Mattox - Husband		371 Bethel Ave. #61, Sanger, CA 93657	
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN) NAME	
Cleo		H.		Mattox	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
Raymond		-		Trotter	
34. STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE	
KS		Corrine		-	
37. LAST (MAIDEN) NAME		38. STATE		39. DATE M/M/DD/CCT Y Y	
Copper		KY		11/15/2000	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EXAMINER	
Sanger Cemetery, Sanger, CA		Burial		[Signature]	
43. LICENSE NO.		44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.	
7752		Wallin's Sanger Funeral Home		FD 502	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/DD/CCT Y Y		48. SIGNATURE OF LOCAL REGISTRAR	
[Signature]		11/14/2000		[Signature]	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL	
Residence		[] IP [] ER/OP [] DOA [] CONV. HOSP. [] RES. CARE [] OTHER		Fresno	
104. COUNTY		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY	
Fresno		371 Bethel Ave. #61		Sanger	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER	
(A) Sudden Cardiac Death		10 Mins		[X] YES [] NO	
(B) Coronary Artery Disease		8 Yrs		109. MIPSY PERFORMED	
(C)				[] YES [X] NO	
(D)				110. AUTOPSY PERFORMED	
				[] YES [X] NO	
111. USED IN DETERMINING CAUSE		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 109 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.	
[] YES [] NO		Adenocarcinoma of Uterus; Diabetes Mellitus; Renal Failure		-	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED BUNCE M/M/DD/CCT Y Y		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.	
05/03/1993 05/19/2000		[Signature]		G076048	
117. DATE M/M/DD/CCT Y Y		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. DATE M/M/DD/CCT Y Y	
11/13/2000		George E. Booker, MD 2550 Merced St., Fresno, CA 93721		11/13/2000	
120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		121. INJURY AT WORK? (A) INJURY DATE M/M/DD/CCT Y Y (B) HOUR (C) PLACE OF INJURY		122. HOUR (D) PLACE OF INJURY	
[] YES [] NO		[] YES [] NO		[] YES [] NO	
123. MANNER OF DEATH		124. DESCRIBE HOW INJURY OCCURRED—EVENTS WHICH RESULTED IN INJURY		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)	
[] NATURAL [] SUICIDE [] HOMICIDE [] ACCIDENT [] PENDING INVESTIGATION [] COULD NOT BE DETERMINED					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCT Y Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
[Signature]					
STATE REGISTRAR		FAX AUTH. #		CENBUS TRACT	
A B C D E F G H		97075			

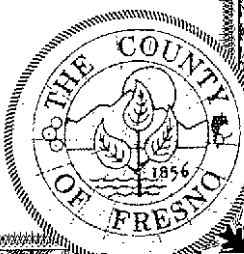
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CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA } SS DATE ISSUED **NOV 23 2007**
 COUNTY OF FRESNO

000621199
 [Barcode]
 000621199

ROBERT C. WERNER
 COUNTY RECORDER



This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.
 This copy not valid unless prepared on engraved border displaying seal and signature of Recorder.