

DOC # 0214370

12/21/2009

03:23 PM

Official Record

Recording requested By
LEO STEIDLMAYER

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By FES

Book- 496 Page- 0247



0214370

Recording Requested By:

Leo Steidlmayer, Esq.

And When Recorded Return To:

Leo Steidlmayer, Esq.

P. O. Box 268

Colusa, California 95932

Mail Tax Statements To:

Arnold Mitchell

135 Traditional Way

Colusa, CA 95932

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA)

Decedent: DARLYNE CLARK

) ss.

COUNTY OF COLUSA)

Date of Death: May 18, 2005

ARNOLD MITCHELL, of legal age, being first duly sworn, deposes and says:

That DARLYNE JOANNE CLARK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DARLYNE CLARK, named as one of the parties in that certain Deed, executed by KATHRYN CARNAHAN, Trust Officer of CATTLEMEN'S TITLE GUARANTEE COMPANY (as Trustee), a Nevada Corporation, to SANDRA GARRISON, an unmarried woman, as her sole and separate property as to an undivided 1/2 interest; DARLYNE CLARK, a single woman and ARNOLD MITCHELL, a single man, as Joint Tenants, as to an undivided 1/2 interest, taking title as Tenants in Common, recorded February 5, 2002, in Book 346, Page 24, Recorder's Serial No. 177735, in the Official Records of Eureka

County, California, covering all that certain real property situate in the County of Eureka, State of Nevada that is described as follows:

APN #002-015-10

Lot 7, Block 7, CRESCENT VALLEY FARM & RANCH UNIT 1

SUBJECT TO taxes for the present fiscal year and subsequently, covenants, conditions, restrictions, exceptions and reservations, easements, encumbrances, leases or licenses, rights and rights of way of record, if any.

TOGETHER WITH the tenements, hereditaments and appurtenances there-unto belonging or appertaining and the reversion and reversions, remainder and remainder, rents, issues and profits thereof.

Dated: December 18th, 2009

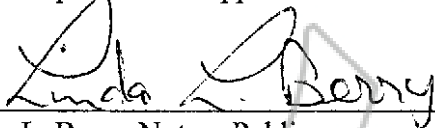


ARNOLD MITCHELL

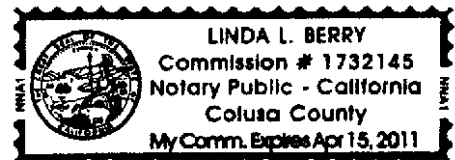
STATE OF CALIFORNIA)

COUNTY OF COLUSA)

Subscribed and sworn to (or affirmed)
before me on this 18th day of December,
2009, by ARNOLD MITCHELL, proved
to me on the basis of satisfactory evidence
to be the person who appeared before me.



Linda L. Berry, Notary Public
My Commission Expires: 04/15/2011



MAIL TAX STATEMENT AS DIRECTED ABOVE

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

2005 0008163

TYPE OR PRINT IN PERMANENT BLACK INK DECEASED IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS PARENTS DISPOSITION CERTIFIER CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF DEATH	LOCAL FILE NUMBER			STATE FILE NUMBER	
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	1. Darlyne Joanne CLARK		2. FD May 18, 2005		3a. Eureka
	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX
	3b. Crescent Valley		3c. 204 2nd. St.		4. female
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
	5. white	6. No	7a. 73	7b. :	7c. :
	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	DATE OF BIRTH (Mo., Day, Yr.)
	9a. California	9b. USA	10. 8	11. Divorced	8. July 1, 1931
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	KIND OF BUSINESS OR INDUSTRY	SURVIVING SPOUSE (If wife, give maiden name)	
	13.	14a. Homemaker	14b. Own Home		
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada	15b. Eureka	15c. Crescent Valley	15d. 204 2nd. St.	15e. No
	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last			
	16. Calvin Clark		17. Dorothy Moore		
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Emma Dubois (Daughter)		18b. P.O. Box 211208 Crescent valley, NV 89821		
	BURIAL, CREMATION, REMOVAL OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State		
	19a. Cremation	19b. Sunset Crematory	19c. Elko Nevada		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
	20a. <i>[Signature]</i>	20b. 7	20c. Burns Funeral Home, Inc. R.O. Box 689 Elko, NV 89803		
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		
	DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		
	21b.		22b. 06-10-05		
	HOUR OF DEATH		HOUR OF DEATH		
	21c.		22c. 1020 Hrs.		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		
	21d.		22d. ON 05-18-05		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER		
	23a. Laurance F. Etter P.O. Box 736 Eureka, NV 89316		23b.		
	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
	24a. (Signature) <i>[Signature]</i>	24b. June 14 2005	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
	PART I	(a) Myocardial Infarction (Acute)		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		Immediate	
		(b)		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(c)		Interval between onset and death	
	PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
				26. No	27. No
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
	28a. Natural	28b. 05-18-05	28c. 1020 Hrs M	28d.	
	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE
	28e. No	28f. 204 W. 2nd St. C.V.	28g. 204 W. 2nd St. Crescent Valley, NV 89821		

STATE REGISTRAR

No. 287526

303113

CERTIFIED COPY OF VITAL RECORDS



0214370

Book 496 12/21/2009
Page 249 Page 3 of 3

STATE REGISTRAR

This copy is not valid unless prepared in accordance with order displaying date, seal and signature of Registrar.

