

DOC # 0214370

12/21/2009

03:23 PM

Official Record

Recording requested By
LEO STEIDLMEYER

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00

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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)
) ss.
COUNTY OF COLUSA)

Decedent: DARLYNE CLARK

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.

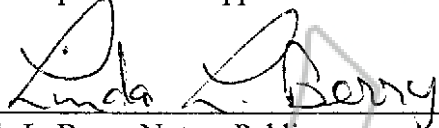
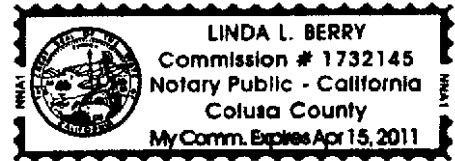
Dated: December 18th, 2009



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

DECEDENT

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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Darlyne Joanne CLARK		2. FD May 18, 2005		3a. Eureka			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not citize, give street and number)		If Hosp. or Inst. indicate OOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Crescent Valley		3c. 204 2nd. St.		3e. 6		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)		DATE OF BIRTH (Mo., Day, Yr.)	
5. white		6. No		7a. 73		8. July 1, 1931	
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)	
9a. California		9b. USA		10. 8		11. Divorced	
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		12.	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Eureka		15c. Crescent Valley		15d. 204 2nd. St.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
15e. No		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.		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) and manner stated.					
(Signature and Title) <i>[Signature]</i>		(Signature and Title) Laurance F. Etter, Coroner					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b.		21c.		22b. 06-10-05		22c. 1020 Hrs.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.				22d. ON 05-18-05		22e. AT 1050 Hours	
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				Immediate	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
(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			
29a. No		29b. 204 W. 2nd St. C.V.		29c. 204 W. 2nd St. Crescent Valley, NV 89821			

STATE REGISTRAR

No. 287526

303113

CERTIFIED COPY OF VITAL RECORDS



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[Signature]
STATE REGISTRAR

