APN: 009-240-11

MAIL RECORDED DOCUMENT TO:
Darlene S. Herrera
1590 Mizpah
Winnemucca, NV 89445

MAIL TAX STATEMENT TO:
Darlene S. Herrera
1590 Mizpah
Winnemucca, NV 89445

DOC # 0220170
03/26/2012 08:54 AM
Official Record
Recording requested By
DARLENE HERRERA
Eureka County - NV
Mike Rebaleati - Recorder
Fee. $16.00 Page 1 of 3
RPTT Recorded By FES
Book- 530 Page- 0231
0220170

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF Humboldt)

DARLENE S. HERRERA hereby swears and affirms under penalty of perjury that the following assertions are true:

1. Affiant is the surviving spouse of MELCHER HERRERA, one of the grantees named in the Joint Tenancy Deed, recorded as Document in Book _____, Page _____ of Official Records in the office of the County Recorder of Eureka County, State of Nevada, covering the real property situate in the County of Eureka, State of Nevada, and more particularly described as:

Township 19 North, Range 53 East, Section 27, S.E. 1/4.

2. EDNA PETERS, one of the grantees named in said deed, is the same person named as the Decedent in the attached certified copy of Certificate of Death, which person died on the 27th day of December, 2961, in the State of California.

3. EDNA PETERS and MELCHER HERRERA purchased the above described property as joint tenants with right of survivorship.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF PERSON(S) AS REQUIRED BY NRS 40.525.

Dated this 2 day of ~~September~~ November, 2011.

Darlene S. Herrera
Darlene S. Herrera

///

COPY

Subscribed and Sworn to before me
this 2nd day of ~~September~~ November, 2011,
by Darlene S. Herrera.

Notary Public

LAURA D. LECUMBERRY
Notary Public - State of Nevada
Appointment Recorded in Humboldt County
No: 99-37847-9 - Expires September 5, 2015

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER 61-132898

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 380 / 9991

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: EDNA
1b. MIDDLE NAME: FRANCES
1c. LAST NAME: PETERS
2a. DATE OF DEATH (MONTH, DAY, YEAR): DEC. 27, 1961
2b. HOUR: 2:20 P.M.
3. SEX: F
4. COLOR OR RACE: CAUC.
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Nevada
6. DATE OF BIRTH: Oct. 9, 1919
7. AGE: 42 YEARS
8. NAME AND BIRTHPLACE OF FATHER: Edward Herrera -SPAIN
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Katherine Corta -NEVADA
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: [redacted]
12. LAST OCCUPATION: Waitress
13. NUMBER OF YEARS IN THIS OCCUPATION: 2
14. NAME OF LAST EMPLOYING COMPANY OR FIRM: Woolworth Co.-Reno
15. KIND OF INDUSTRY OR BUSINESS: ---
16. IF DECEASED WAS EVER IN U.S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE: No
17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
18a. NAME OF PRESENT SPOUSE: Daniel Peters
18b. PRESENT OR LAST OCCUPATION OF SPOUSE: Golf Course Foreman

PLACE OF DEATH

19a. PLACE OF DEATH—NAME OF HOSPITAL: University of California Hospitals
19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER): 3rd and Parnassus [X] WITHIN CITY CORPORATE LIMITS [ ] OUTSIDE CITY CORPORATE LIMITS
19c. CITY OR TOWN: San Francisco
19d. COUNTY: San Francisco
19e. LENGTH OF STAY IN COUNTY OF DEATH: 15 DAYS YEARS
19f. LENGTH OF STAY IN CALIFORNIA: 42 YEARS

LAST USUAL RESIDENCE

20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER): 245 Pt San Pedro
20b. IF INSIDE CITY CORPORATE LIMITS [X] CHECK HERE; IF OUTSIDE CITY CORPORATE LIMITS [ ] ON A FARM [ ] NOT ON A FARM
21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE): - - -
20c. CITY OR TOWN: San Rafael
20d. COUNTY: Marin
20e. STATE: California
21b. ADDRESS OF INFORMANT: - - -

PHYSICIAN'S OR CORONER'S CERTIFICATION

22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 12/12/61 TO 12/27/61 AND THAT I LAST SAW THE DECEASED ALIVE ON 12/27/61
22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INVESTIGATION AND/OR INQUEST ON THE REMAINS OF DECEASED AS REQUIRED BY LAW
22c. PHYSICIAN OR CORONER—SIGNATURE: Malcolm M. McHenry Jr M.D. (DEGREE OR TITLE)
22d. ADDRESS: UNIV. OF CALIFORNIA HOSPITALS
22e. DATE SIGNED: 12/27/61

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. PLACE OF DISPOSITION OR CREMATION: Removal
24. DATE: 12-29-61
25. NAME OF CEMETERY OR CREMATORY: Burns Fun. Home, Elko, Nevada
26. EMBALMER—SIGNATURE (IF BODY EMBALMED): Richard L. Summers 4509 LICENSE NUMBER
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): daphne SFFS One Church
28. DATE ACCEPTED FOR REGISTRAR (MONTH, DAY, YEAR): DEC 29 1961
29. LOCAL REGISTRAR—SIGNATURE: Leslie D. [illegible]

CAUSE OF DEATH

30. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A) CARDIOVASCULAR COLLAPSE AND PULMONARY EDEMA — 20 Min.
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST
DUE TO (B) CARDIAC ARRHYTHMIA — 20 Min.
DUE TO (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): ATRIAL SEPTAL DEFECT (REPAIRED)---CIRRHOSIS

OPERATION AND AUTOPSY

31. OPERATION—CHECK ONE: [ ] NO OPERATION PERFORMED [ ] OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH [X] OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH
32. DATE OF OPERATION: 12/15/61
33. AUTOPSY—CHECK ONE: [ ] NO AUTOPSY PERFORMED [X] AUTOPSY PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH [ ] AUTOPSY PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

INJURY INFORMATION

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
34b. DESCRIBE HOW INJURY OCCURRED (GIVE INCIDENT OF EVENT WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE REPORTED IN PART I OR PART II OF THIS ITEM)
35a. TIME OF INJURY — HOUR M. MONTH DAY YEAR
35b. INJURY OCCURRED [ ] WHILE AT WORK [ ] NOT WHILE AT WORK
35c. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)
35d. CITY, TOWN, OR LOCATION — COUNTY — STATE

Rev. 1-1-58 Form VS-11

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Effective March 1, 2011, Linette T Scott, MD, MPH, is the State Registrar of Vital Records.
This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.
MARK B HORTON, MD, MSPH, Director and State Registrar of Vital Records
by:

DATE ISSUED AUG 15 2011

Linette T Scott

LINETTE T SCOTT, MD, MPH, DEPUTY DIRECTOR
HEALTH INFORMATION AND STRATEGIC PLANNING DIVISION
This copy not valid unless prepared on engraved border displaying seal and signature of the Deputy Director.
(Rev) 11/08

003213173

GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

CDPH CALIFORNIA DEPARTMENT OF PUBLIC HEALTH