

APN # _____

Recording Requested By:

Name Claudia Fricks

Address PO Box 539

City/State/Zip Granite Falls, WA 98252

EUREKA COUNTY, NV

2018-236487

Rec:\$35.00

Total:\$35.00

11/30/2018 03:42 PM

CLAUDIA BERGE

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LISA HOEHNE, RECORDER

Letter of Testamentary
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

NAME AND ADDRESS OF ATTORNEY: ROBERT R. HANLEY 320 W. Foothill Blvd. Monrovia, CA 91016	TELEPHONE NO.: (213) 358-1218	FOR COURT USE ONLY <div style="text-align: center; font-size: 2em; font-weight: bold;">FILED</div> <div style="text-align: center; font-weight: bold;">APR 25 1979</div> <div style="text-align: center;"> JOHN J. CORCORAN County Clerk By <u>O. VINES</u> Deputy </div>
ATTORNEY FOR: Executor Insert name of court, branch court if any, and Post Office and Street Address: Superior Court of California, County of Los Angeles 111 N. Hill Street Los Angeles, CA 90012		DECEDENT <div style="text-align: center; font-weight: bold;">EMROY CLEMENT WALKER, also known as EMROY C. WALKER</div>
ESTATE OF: <div style="text-align: center; font-weight: bold;">EMROY CLEMENT WALKER, also known as EMROY C. WALKER</div>		
<div style="text-align: center; font-weight: bold;">LETTERS</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> TESTAMENTARY <input type="checkbox"/> OF ADMINISTRATION WITH WILL ANNEXED </div> <div style="width: 45%;"> <input type="checkbox"/> OF ADMINISTRATION <input type="checkbox"/> OF SPECIAL ADMINISTRATION </div> </div>		Case Number: <div style="text-align: center; font-size: 1.5em; font-weight: bold;">P-646493</div>

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

1. The last will of the above-named decedent having been proved, the court appoints (Name):

ROBERT E. HARDESTY

 - a. Executor.
 - b. Administrator with will annexed.

2. The court appoints (Name):
 - a. Administrator of the decedent's estate.
 - b. Special administrator of decedent's estate
 - (1) with the special powers specified in the Order for Probate
 - (2) with the powers of a general administrator.

3. The personal representative is is not authorized to administer the estate under The Independent Administration of Estates Act.

4. AFFIRMATION

I solemnly affirm that I will perform the duties of personal representative according to law.

Executed on (Date): April 24, 1979 at
 (Place): Monrovia California.

/s/ ROBERT E. HARDESTY
 (Personal Representative)

ROBERT E. HARDESTY

5. CERTIFICATION

I certify that this document is a correct copy of the original on file in my office, and that the letters issued the above-appointed person have not been revoked, annulled, or set aside, and are still in full force and effect.

WITNESS, the clerk of the above-entitled court, with seal of the court affixed.

Dated: APR 25 1979

JOHN J. CORCORAN
 Clerk, by O. VINES , Deputy

Dated: APR 25 1979 **JOHN J. CORCORAN**

Clerk, by *[Signature]* , Deputy



[SEAL]

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER						
1A. NAME OF DECEDENT—FIRST EMROY		1B. MIDDLE CLEMENT		1C. LAST WALKER		2A. DATE OF DEATH (MONTH, DAY, YEAR) 3/27/79		2B. HOUR 1445	
3. SEX Fe	4. RACE Cauc.	5. ETHNICITY American		6. DATE OF BIRTH 8/28/1899		7. AGE 79 YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Wisconsin		9. NAME AND BIRTHPLACE OF FATHER Edwin Walker / Wisconsin			10. BIRTH NAME AND BIRTHPLACE OF MOTHER Mae Clement / Wisconsin				
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER [REDACTED]		13. MARITAL STATUS Never Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)			
15. PRIMARY OCCUPATION Teacher		16. NUMBER OF YEARS THIS OCCUPATION 43yrs.		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Monrovia School District		18. KIND OF INDUSTRY OR BUSINESS Education			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 746 East Palm Avenue				19B.		19C. CITY OR TOWN Monrovia			
19D. COUNTY Los Angeles			19E. STATE Calif		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Ms. Ethel Hardesty - Sister 242 Madeline Drive Monrovia, Calif. 91016				
21A. PLACE OF DEATH St. Lukes Hospital			21B. COUNTY Los Angeles						
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2632 E. Washington Blvd.			21D. CITY OR TOWN Pasadena						
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						24. WAS DEATH REPORTED TO CORONER? No	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) Bronchopneumonia		[REDACTED]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		25. WAS BIOPSY PERFORMED? Yes	
		(B) [REDACTED]						26. WAS AUTOPSY PERFORMED? No	
		(C) [REDACTED]							
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Bronchotomy DATE: 3/19/79			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Arthur W. Silver, M.D.		28C. DATE SIGNED 3/28/79		28D. PHYSICIAN'S LICENSE NUMBER 655678			
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 2/20/79		I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 3/26/79		28E. TYPE PHYSICIAN'S NAME AND ADDRESS Arthur W. Silver, M.D. 612 W. Duarte Rd. No. 603 Arcadia					
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- <u>INVESTIGATION</u>)				35B. CORONER—SIGNATURE AND DEGREE OR TITLE				35C. DATE SIGNED	
36. DISPOSITION Compton		37. DATE—MONTH, DAY, YEAR 3/30/79		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Compton, Calif. Angeles Abbey Crem.-1515 E. Compton Blvd		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Unembalmed			
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) The Neptune Society				41. LOCAL REGISTRAR—SIGNATURE [Signature]		42. DATE ACCEPTED BY LOCAL REGISTRAR MAR 29 1979			
STATE REGISTRAR		A.	B.	C.	D.	E.	F.		

CERTIFICATION STATEMENT:

This is to certify that the above is a true and correct copy of the DEATH CERTIFICATE of the above named decedent as registered in this office.

Elton J. Munn
Health Officer

Verlene Nixon
Deputy Registrar-Vital Statistics
Pasadena Public Health Department

Furnished for fee of \$3.00

DATE: APR 4 1979

SEAL OF THE CITY OF PASADENA

01-8-1-0759