

A.P.N. No.:	003-083-02
File No.:	2196774
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	
Celia S. McCabe	
9444 Armley Ave	
Whittier CA 90603	

EUREKA COUNTY, NV	2023-251364
Rec:\$37.00	
\$37.00 Pgs=3	12/29/2023 10:44 AM
STEWART TITLE ELKO	
KATHERINE J. BOWLING, CLERK RECORDER	

AFFIDAVIT - DEATH OF JOINT TENANT

State of California)
) ss
 County of Riverside)

Celia S. McCabe, of legal age, being first duly sworn, deposes and says: That Michael J. McCabe, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Joint Tenancy Deed dated April 7th, 1964 executed by Crescent Valley Ranch & Farms, a Nevada Corporation to Michael J. McCabe and Celia S. McCabe, husband and wife as joint tenants as joint tenants, recorded as Document No. 39749, on April 16th, 1964 in Book 4, Page 043 of Official Records of Eureka County Nevada, covering the following described property situated in Eureka County, State of Nevada.

Lot 8, Block 11, of CRESCENT VALLEY RANCH & FARMS UNIT NO. 4, according to the official map thereof, filed in the Office of the County Recorder of Eureka County, State of Nevada, as File Number 34552.

EXCEPTING THEREFROM, all petroleum, oil, natural gas and products derived therefrom, within or underlying said land or that may be produced therefrom, and all rights thereto, as reserved by SOUTHERN PACIFIC LAND COMPANY, in Deed recorded September 24, 1951, in Book 24 of Deeds at Page 168, Eureka County, Nevada.

Dated: 12/20/2023, 2023.

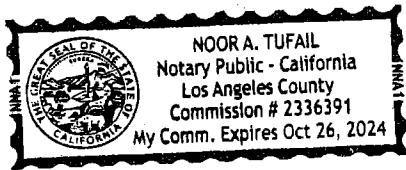
Celia S. McCabe
 Celia S. McCabe

State of California)
) ss

County of Los Angeles)

This instrument was acknowledged before me on the 20th day of December, 2023
By: Celia S. McCabe

Signature: Noor A. Tufail
Notary Public



COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3052012224809

3201233012953

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS STATE OF CALIFORNIA VS-1 (REV 3/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MICHAEL		2. MIDDLE JOSEPH		3. LAST (Family) MCCABE	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy 07/07/1935		5. AGE Yrs. 77	6. SEX M	7. DATE OF DEATH mm/dd/yyyy 12/09/2012	8. HOUR (24 Hour) 1025
9. BIRTH STATE/FOREIGN COUNTRY CA	10. SOCIAL SECURITY NUMBER [REDACTED]	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SROP (at Time of Death) MARRIED	13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED DIE CORRECTIONMAN			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TOOL AND DIE		19. YEARS IN OCCUPATION 39
20. DECEDENT'S RESIDENCE (Street and number, or location) 22741 GRAY FOX DRIVE					
21. CITY CANYON LAKE		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92587	24. YEARS IN COUNTY 28
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP CELIA MCCABE, WIFE			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 22741 GRAY FOX DRIVE, CANYON LAKE, CA 92587		28. NAME OF SURVIVING SPOUSE/SROP - FIRST CELIA			
29. MIDDLE -		30. LAST (BIRTH NAME) SHARP		31. BIRTH STATE IRELAND	
32. MIDDLE JOSEPH		33. LAST MCCABE		34. BIRTH STATE IRELAND	
35. NAME OF MOTHER/PARENT - FIRST JULIA		36. MIDDLE -		37. LAST (BIRTH NAME) NELLY	
38. BIRTH STATE IRELAND		39. DISPOSITION DATE mm/dd/yyyy 12/13/2012			
40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT MILLER-JONES MORTUARY-SUN CITY		45. LICENSE NUMBER FD 1490	46. SIGNATURE OF LOCAL REGISTRAR GAMERON KAISER, MD		
47. DATE mm/dd/yyyy 12/12/2012		48. SIGNATURE OF LOCAL REGISTRAR [Signature]			
101. PLACE OF DEATH RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ERVOP <input type="checkbox"/> OCH		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. CITY CANYON LAKE	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 22741 GRAY FOX DRIVE		106. CITY CANYON LAKE			
107. CAUSE OF DEATH Enter the chain of events - disease, injury, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. CHRONIC OBSTRUCTIVE PULMONARY DISEASE					
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) CHRONIC OBSTRUCTIVE PULMONARY DISEASE		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CONGESTIVE HEART FAILURE, ATRIAL FIBRILLATION, HYPERTENSION, DIABETES MELLITUS					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					115. IF FEMALE PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
116. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: mm/dd/yyyy 10/07/2011		117. SIGNATURE AND TITLE OF CERTIFIER VICTOR MEDINA JR M.D.		118. LICENSE NUMBER A114025	119. DATE mm/dd/yyyy 12/12/2012
120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE VICTOR MEDINA JR M.D. 36450 INLAND VALLEY DRIVE, WILDOMAR, CA 92595		121. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE VICTOR MEDINA JR M.D. 36450 INLAND VALLEY DRIVE, WILDOMAR, CA 92595			
122. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		125. INJURY DATE mm/dd/yyyy	126. HOUR (24 Hours)
127. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
128. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
129. SIGNATURE OF CORONER / DEPUTY CORONER		130. DATE mm/dd/yyyy		131. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B	
C		D		E	
FAX AUTH#		GENSUS TRACT		*010001002221338*	

STATE OF CALIFORNIA } CERTIFIED COPY OF VITAL RECORDS
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.



DATE ISSUED **Dec 18, 2012**

[Signature]
Dr. Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

PERCVD (REV) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

