RECORDING REQUESTED BY

LAW OFFICES OF
PLUMB AND ENGEL
443 West C St., Ste. 107
San Diego, CA 92101

AND WHEN RECORDED MAIL TO

Name: LAW OFFICES OF
PLUMB AND ENGEL
Street Address: 443 West C St., Ste. 107
City & State: San Diego, CA 92101

87520

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit—Death of Joint Tenant

CAT. NO. NN00110 TO 426 CA (12-81)

THIS FORM FURNISHED BY TICOR TITLE INSURERS

A.P.N. _____

ALL PTN.

STATE OF NEVADA,

County of Eureka

F.E. Kiefhaber, of legal age, being first duly sworn, deposes and says:
That Helen Esther Kiefhaber, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Helen E. Kiefhaber named as one of the parties in that certain Joint Tenancy Deed dated December 26, 1963, executed by Crescent Valley Ranch & Farms, a Nevada Corporation to Ferdinand E. Kiefhaber and Helen E. Kiefhaber, husband and wife,
as joint tenants, recorded as Instrument No. 39496, on January 7, 1964, in Book/~~Reel~~ 2, Page/~~Image~~ 315, of Official Records of Eureka County, Nevada, covering the following described property situated in the _____, County of Eureka, State of Nevada:

Lot 14 of Block 10 of CRESCENT VALLEY RANCH & FARMS UNIT #1, as per map recorded in said County as File No. 34081.

SUBJECT TO: 1. Taxes due not heretofore paid.
2. Covenants, conditions, restrictions, reservations, easements, rights and/or rights of way of record.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of $ _____.

Dated 4-25-83

F. E. Kiefhaber
F. E. KIEFHABER

SUBSCRIBED AND SWORN TO before me this 25 day of April, 1983.

Signature Pamela Ann Engbrenghof

PAMELA ANN ENGBRENGHOF
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires Dec. 10, 1984

(This area for official notarial seal)

BOOK 110 PAGE 412

Title Order No. _____ Escrow or Loan No. _____

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

8000
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Helen	Esther	Kiefhaber	March 13, 1983	1640

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Female	Caucasian	NO	February 20, 1913	70 YEARS		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
UT	Bert E. Taylor-MN	Lena Newton-SD

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	[redacted]	Married	F. E. Kiefhaber

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Homemaker	48	Self-employed	Own Home

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
8934 Troy Street		Spring Valley

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Diego	California	F. E. Kiefhaber-Husband 8934 Troy Street Spring Valley, California 92077

21A. PLACE OF DEATH	21B. COUNTY	
	San Diego	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**	
8934 Troy Street	Spring Valley	

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE
(A) CARDIORESPIRATORY ARREST
DUE TO, OR AS A CONSEQUENCE OF
(B) CARCINOMATOSIS
DUE TO, OR AS A CONSEQUENCE OF
(C) SQUAMOUS CELL CARCINOMA OF CERVIX

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER?	25. WAS SURGERY PERFORMED?	26. WAS AUTOPSY PERFORMED?
NO	YES	NO

23. OTHER SIGNIFICANT 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 / DATE
CEREBRAL VASCULAR ACCIDENT	TRACHELECTOMY 6-4-81

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NO.
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 8-20-82 / I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 3-8-82	M.D	3/16/82	G 38510

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Michael S. Mcfee, MD 225 Dickinson Street, San Diego, CA 92103

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/INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH DAY YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	3/17/1983	Greenwood Crematory I-805 & Imperial Avenue, San Diego, CA	NOT EMBALMED

40A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	40B. LICENSE NO.	41. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	42. DATE ACCEPTED BY LOCAL REGISTRAR
Greenwood Mortuary	F-843	Ronald L. Ramos, M.D.	MAR 17 1983

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (6-82)

REGISTRAR OF VITAL STATISTICS
Ronald L. Ramos, M.D.

DATE ISSUED: MAR. 18, 1983
FEE PAID: $4.00
ORIGINAL DOCUMENT FILED.

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY.
THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE
SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE

RECORDED AT REQUEST OF
Law Offices of Plumb & Engel
BOOK 110 PAGE 412

83 APR 29 A11:33

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 87520
FEE $ 5.00

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