

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

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.M.

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 2, Page 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.

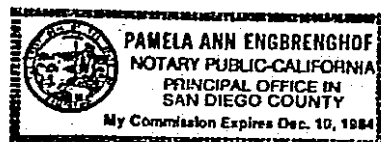
SUBJECT TO: 1. Taxes due not heretofore paid.
2. Covenants, conditions, restrictions, reservations, easements,
rights and/or rights of way of record.

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 Engbreghof

(This area for official notarial seal)

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Title Order No. _____

Escrow or Loan No. _____

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
ORIGINAL DOCUMENT FILED.

Ronald L. Camarillo, M.D.

DATE ISSUED: MAR. 18, 1983

FEE PAID: \$4.00

CERTIFICATE OF DEATH STATE OF CALIFORNIA

8000

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)
Helen	Esther	Kiefhaber	March 13, 1983
3. SEX	4. RACE/ETHNICITY	5. DATE OF BIRTH	7. AGE
Female	Caucasian	February 20, 1913	70
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 MARRIAGE)
USA		Married	F. E. Kiefhaber
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYED (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. 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	
21A. PLACE OF DEATH	21B. COUNTY	8934 Troy Street	
	San Diego	Spring Valley, California 92077	
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			
(B) CAELONATOSIS			
(C) SQUAMOUS CELL CARCINOMA OF CERVIX			
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH			
CEREBRAL VASCULAR ACCIDENT			
24. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CHIEF STATED		25. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
1 ATTENDING PHYSICIAN SINCE I LAST SAW DECEDENT ALIVE (ENTER NO. BY 10)		1 ATTENDING PHYSICIAN SINCE I LAST SAW DECEDENT ALIVE (ENTER NO. BY 10)	
8-20-82		3-8-82	
26. TYPE PHYSICIAN'S NAME AND ADDRESS		27. WAS OPERATION PERFORMED FOR ANY CONDITION—IN ITEMS 22 OR 23	
Michael S. McFee, MD 225 Dickinson Street, San Diego, CA 92108		TRAUMATIC	
28. DATE SIGNED		29. PHYSICIAN'S LICENSE NO.	
3/16/83		638510	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
31. INJURY AT WORK		32. DATE OF INJURY—MONTH DAY YEAR	
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 CHIEF STATED. AS REQUIRED BY LAW I HAVE HAD AN (INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
35C. DATE SIGNED			
36. DISPOSITION		37. DATE—MONTH DAY YEAR	
Cremation		3/17/1983	
38. NAME AND ADDRESS OF CENTERS OF COOPERATION		39. ENBALMER'S LICENSE NUMBER AND SIGNATURE	
Greenwood Crematory 1-805 & Imperial Avenue, San Diego, CA		NOT ENBALMED	
40. LICENSE NO.		41. DATE RECEIVED BY LOCAL REGISTRAR	
F-843		MAR 17 1983	
42. DATE RECEIVED BY LOCAL REGISTRAR			
43. STATE REGISTRAR			

VS-11 (6-82)

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

83 APR 29 AM 11:33

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

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