RECORDING REQUESTED BY

99732

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME Martha Jane Amos
STREET ADDRESS 5065 Arroway Ave.
CITY, STATE ZIP Covina, Calif. 91724

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF CALIFORNIA
COUNTY OF Los Angeles } ss.

Martha J. Amos, of legal age, being first duly sworn, deposes and says:

That Lainey Warren Amos, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lainey W. Amos named as one of the parties in that certain Land Deed dated March 18th, 1966, executed by Crescent Valley Ranch & Farms to Lainey W. Amos & Martha J. Amos as joint tenants, recorded as Instrument No. 41837, on March 23, 1966, in Book 10, Page 212, of the Official Records in the Office of the County Recorder of Eureka County, State of ~~California~~ Nevada, concerning the following described real property situated in the City of Crescent Valley, County of Eureka, State of ~~California~~ Nevada:

Due to the death of Lainey Warren Amos please remove his name from the land deed. Leaving Martha Jane Amos as sole owner.
lot 2 of Block 19 of Crescent Valley Ranch & farms, unit #4,

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

Dated June 22, 1985

Martha J. Amos
(Signature of Joint Tenant)

Martha J. Amos
(Type or Print Full Name of Joint Tenant)

(Signature of Joint Tenant)

(Type or Print Full Name of Joint Tenant)

SUBSCRIBED AND SWORN TO BEFORE ME

this 22 day of June, 1985

Roy Morris
(Signature of Notary)

OFFICIAL SEAL
ROY MORRIS
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
MY COMMISSION
EXPIRES MAY 27, 1988

AFFIDAVIT—DEATH OF JOINT TENANT
WOLCOTTS FORM 300—Rev. 11-82
(price class 3)

This standard form is intended for the typical situations encountered in the field indicated. However, before you sign, read it, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use.

BOOK 137 PAGE 078

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Lainey	Warren	Amos	April 20, 1985	1514

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
Male	White/American	X	August 19, 1904	80 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Minnesota	Tim Amos - Minnesota	Ann Siers - Minnesota

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	19__ TO 19__	[redacted]	Married	Martha J. Beck

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Warehouseman	15	Rolled Steel Company	Steel Fabrication

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
721 Sunset Avenue	74100	Banning

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Riverside	California	Dennis F. Roberts - Grandson

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	
San Gorgoino Pass Hospital	Riverside	7515 Blanchard Street
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**	
600 No. Highland Springs Ave.	Banning	Fontana, California

CAUSE OF DEATH

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

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

(A) Massive retroperitoneal bleeding

DUE TO, OR AS A CONSEQUENCE OF

(B) Ruptured aneurysm of Abdominal Aorta

DUE TO, OR AS A CONSEQUENCE OF

(C) 4/22/85 18:54 Dr. C. Yao, M.D.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes 55701

25. WAS INQUEST PERFORMED? No

26. WAS AUTOPSY PERFORMED? Yes

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: DATE: No

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE | 28C. DATE SIGNED | 28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

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)

CORONER'S USE ONLY

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) Investigation

35B. CORONER—SIGNATURE AND DEGREE OR TITLE: By: [signature] Deputy Coroner

35C. DATE SIGNED: 4-23-85

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	April 25, 1985	Rose Hills Memorial Park 3900 S. Workman Mill Rd.-Whittier, CA	6642 [signature]

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Rose Hills Mortuary Whittier, CA	970	[signature]	APR 25 1985

STATE REGISTRAR

A.	B.	C.	D.	E.	FD 1985

VS-1 (R1-85) * * * * * * * * * * * * * * * * This must be in red to be a "CERTIFIED COPY" * * * * * * * * * * * * * * * *

RECORDED AT REQUEST OF Martha J. Amos

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

APR 29 1985

BOOK 137 PAGE 78

Date Of Amendments, if any _____

85 JUL 2 A10:55

I hereby certify that this is a true copy of a certificate on file in the County of Riverside, Department of Health, if the certification is in red.

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
H.N. REBALE, RECORDER
FILE NO. 99732
FEE $ 6.00

[signature]
Edward J. Gallagher, M.D.
Director of Health & Local Registrar

DEPARTMENT OF PUBLIC HEALTH * REGISTRAR OF VITAL STATISTICS * COUNTY OF RIVERSIDE, CAL.

SEAL Affixed

DOH-VS-004 (REV 4/84)

BOOK 137 PAGE 079