

AFFIDAVIT OF TERMINATION OF JOINT TENANCY  
EMIL STORZ

50062

AFFIDAVIT OF TERMINATION OF JOINT TENANCY BOOK

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2  
3 STATE OF NEVADA )  
4 ) ss.  
5 County of Douglas )

6 EMIL STORZ, being first duly sworn, deposes and says:

7 1. That affiant and his now deceased spouse, MILDRED M. STORZ,  
8 were grantees in a certain Joint Tenancy Deed under date of the 30th day of  
9 August, 1961, said deed recorded October 14, 1970, in Book 80, page 238,  
10 Official Records of Douglas County, Nevada as File No. 49819.

11 2. That said Joint Tenancy Deed conveyed to the said grantees  
12 certain real property lying and being in the County of Douglas, State of  
13 Nevada, and particularly described as follows, to wit:

14 Lot 60 as shown on the map of Lakeridge Estates  
15 No. 2, filed in the office of the County Recorder  
16 of Douglas County, Nevada, on June 13, 1957

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24 Together with the tenements, hereditaments and appurtenances  
25 thereunto belonging or appertaining, and the reversions, remainder and  
26 remainders, rents, issues and profits thereof.

27 3. That the said MILDRED M. STORZ died in the City of Concord,  
28 County of Contra Costa, State of California, on September 12, 1961.

29 4. That the certified copy of the Death Certificate of the said  
30 MILDRED M. STORZ is annexed hereto, marked Exhibit A and made a part

Return to: Emil Storz  
3789 Mosswood Drive  
La Faye He, California 94549

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**CERTIFICATION STATEMENT**

This is to certify, that the attached is a true and correct copy of the vital record which is on file in this office and of which I am the legal custodian.

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Local Registrar  
N. L. Blum M.D.  
SIGNATURE OF CERTIFYING OFFICER  
Health Department

OFFICIAL TITLE

SEP 15 1961

PLACE OF CERTIFICATION  
Martinez, California

DATE OF CERTIFICATION

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

6-1-50  
FORM VS-199

STATE  
FILE  
NUMBER

**CERTIFICATE OF DEATH**

LOCAL REGISTRATION  
DISTRICT AND  
CERTIFICATE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

0700-1516

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME <b>Mildred</b>	1b. MIDDLE NAME <b>Marie</b>	1c. LAST NAME <b>Storz</b>	2a. DATE OF DEATH—MONTH, DAY, YEAR <b>September 12, 1961</b>	2b. HOUR <b>5:15 P.M.</b>
	3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Nebraska</b>	6. DATE OF BIRTH <b>April 7, 1899</b>	7. AGE (LAST BIRTHDAY) <b>62</b> YEARS
	8. NAME AND BIRTHPLACE OF FATHER <b>Gustav Wallen, Sweden</b>	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Unknown, Sweden</b>	10. CITIZEN OF WHAT COUNTRY <b>USA</b>	11. SOCIAL SECURITY NUMBER <b>7125</b>	
	12. LAST OCCUPATION <b>Housewife</b>	13. NUMBER OF YEARS IN THIS OCCUPATION <b>40</b>	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) <b>Self</b>	15. KIND OF INDUSTRY OR BUSINESS <b>At Home</b>	
PLACE OF DEATH	16. IF DECEASED WAS EVER IN U.S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE <b>No</b>	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	18a. NAME OF PRESENT SPOUSE <b>Emil A. Storz</b>	18b. PRESENT OR LAST OCCUPATION OF SPOUSE <b>Accountant</b>	
	19a. PLACE OF DEATH—NAME OF HOSPITAL <b>Concord Hospital</b>	19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION, DO NOT USE P. O. BOX NUMBERS) <b>2540 East Street</b>			
	19c. CITY OR TOWN <b>Concord</b>	19d. COUNTY <b>Contra Costa</b>	19e. LENGTH OF STAY IN COUNTY OF DEATH <b>11</b> YEARS	19f. LENGTH OF STAY IN CALIFORNIA <b>20</b> YEARS	
LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)	20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION, DO NOT USE P. O. BOX NUMBERS) <b>3789 Mosswood Drive</b>	20b. IF INSIDE CITY CORPORATE LIMITS <input type="checkbox"/> CHECK HERE	IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE <input type="checkbox"/> ON A FARM <input checked="" type="checkbox"/> NOT ON A FARM	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE) <b>Emil A. Storz</b>	
	20c. CITY OR TOWN <b>Lafayette</b>	20d. COUNTY <b>Contra Costa</b>	20e. STATE <b>Calif.</b>	21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEASED) <b>Same</b>	
PHYSICIAN'S OR CORONER'S CERTIFICATION	22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM <b>9-12-61</b> TO <b>9-12-61</b> AND THAT I LAST SAW THE DECEASED ALIVE ON <b>9-12-61</b>		22c. PHYSICIAN OR CORONER—SIGNATURE <b>Samuel D. Haul M.D.</b>		DEGREE OR TITLE <b>M.D.</b>
	22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INVESTIGATION, AUTOPSY, INQUIRY ON THE REMAINS OF DECEASED AS REQUIRED BY LAW		22d. ADDRESS <b>1399 S. Main St., W.C.</b>	22e. DATE SIGNED <b>9-13-61</b>	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Burial</b>	24. DATE <b>9-15-61</b>	25. NAME OF CEMETERY OR CREMATORY <b>Oakmont Memorial Park</b>		26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <b>J. Harold Walker 2007</b>
	27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING THEREIN) <b>Walnut Creek, Calif.</b>		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>9-15-61</b>	29. LOCAL REGISTRAR—SIGNATURE <b>N. L. Blum M.D. M.D.</b>	
CAUSE OF DEATH	30. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>Carcinomatosis</b>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b> <b>2 1/2 Yrs.</b>
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <b>Adenocarcinoma of the left breast.</b> DUE TO (C)				
OPERATION AND AUTOPSY	31. OPERATION—CHECK ONE: <input type="checkbox"/> NO OPERATION PERFORMED <input checked="" type="checkbox"/> OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		32. DATE OF OPERATION <b>July 1961</b>	33. AUTOPSY—CHECK ONE: <input checked="" type="checkbox"/> NO AUTOPSY PERFORMED <input type="checkbox"/> AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	
	34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34b. DESCRIBE HOW INJURY OCCURRED (GIVE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN PART I ON PAGE 2 OF THIS FORM)		
INJURY INFORMATION	35a. TIME OF INJURY HOUR MONTH DAY YEAR <b>M.</b>		35b. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		35c. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)
	35d. CITY, TOWN, OR LOCATION		COUNTY	STATE	

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Recorded at Request of **Emil Storz**  
On **Nov. 5, 1970** At **22** Min. Past **11 AM**  
Official Records of Douglas County, Nevada. Fee **5.00**  
Ethel N. Schacht, Recorder. By **Ethel N. Schacht**

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