

# Affidavit—Death of Joint Tenant

TO 5036 NV (8-66)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF Douglas

} ss.

THELMA B. KNOLES

, of legal age, being first duly sworn, deposes and says:  
 That EVERETT P. KNOLES, the decedent mentioned in the attached certified copy of  
 Certificate of Death, is the same person as EVERETT P. KNOLES  
 named as one of the parties in that certain Deed of Trust dated July 19, 1972,  
 executed by Doris F. Anderson and Patricia J. Stanley  
 to Everett P. Knoles and Thelma R. Knoles  
 as joint tenants, recorded as Instrument No. 61044, on August 8, 1972, in  
 book \_\_\_\_\_, page \_\_\_\_\_, of Official Records of Douglas  
 County, Nevada, covering the following described property situated in the \_\_\_\_\_  
 County of Douglas, State of Nevada:

Dated: September 22, 1978

*Thelma B Knoles*  
 \_\_\_\_\_  
 THELMA B. KNOLES

STATE OF NEVADA,

County of Douglas

} ss.

On September 22, 1978

DATE

personally appeared before me,

a Notary Public (or judge or other officer, as the case may be),

Thelma B. Knoles

who acknowledged that he executed the above instrument.

MAUREEN M. PARKS

Notary Public - State of Nevada  
Douglas County

My Commission Expires Dec. 10, 1978

IN WITNESS WHEREOF, I have hereunto  
 set my hand and affixed my official stamp at my office  
 in the County of Douglas  
 the day and year in this certificate first above written.

*Maureen M. Parks*  
Signature of Notary

Title Order No.

Escrow or Loan No.

31044-M

RECORDING REQUESTED BY

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO

Name Thelma B. Knoles  
 Street Address 1163 Concannon #97  
Livermore, Calif. 94550  
 City & State \_\_\_\_\_

25588  
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# CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH 2800 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME <b>Everett</b>		1b. MIDDLE NAME <b>PLIMMON</b>		1c. LAST NAME <b>KNOLES</b>		2a. DATE OF DEATH—MONTH, DAY, YEAR <b>6-7-74</b>		2b. HOUR <b>3:25 P.M.</b>				
	3. SEX <b>M</b>	4. COLOR OR RACE <b>W</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Los Angeles, CA</b>		6. DATE OF BIRTH <b>2-1-04</b>		7. AGE (LAST BIRTHDAY) <b>70</b> YEARS		IF UNDER 1 YEAR MONTHS    DAYS				
	8. NAME AND BIRTHPLACE OF FATHER <b>CASSIUS, R. KNOLES - ILL.</b>				9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Helbert FANNIE - MISS.</b>								
	10. CITIZEN OF WHAT COUNTRY <b>USA</b>		11. SOCIAL SECURITY NUMBER <b>[REDACTED]-7021-A</b>		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Thelma (MALLINS) KNOLES</b>						
14. LAST OCCUPATION <b>Retired BAKER</b>		15. NUMBER OF YEARS IN THIS OCCUPATION <b>50</b>		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) <b>KNOLES PASTRY</b>		17. KIND OF INDUSTRY OR BUSINESS <b>BAKING</b>							
PLACE OF DEATH	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY <b>St Helene Hospital &amp; Health Ctr.</b>				18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) <b>Deer Park, CA</b>				18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>YES</b>				
	18d. CITY OR TOWN <b>Deer Park</b>		18e. COUNTY <b>Napa</b>		18f. LENGTH OF STAY IN COUNTY OF DEATH <b>1</b> YEARS		18g. LENGTH OF STAY IN CALIFORNIA <b>LIFE</b> YEARS						
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>2412 Foothill Blvd sp 22</b>				19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>yes</b>		20. NAME AND MAILING ADDRESS OF INFORMANT <b>Thelma KNOLES</b>						
	19c. CITY OR TOWN <b>Calistoga</b>		19d. COUNTY <b>Napa</b>		19e. STATE <b>CA</b>		20. NAME AND MAILING ADDRESS OF INFORMANT <b>Same</b>						
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. 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 ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. <small>(INVESTIGATION OR REQUEST)</small>		21b. 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. <small>I LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)</small>		21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE <b>Edward A. [Signature] MD</b>		21d. DATE SIGNED <b>6-7-74</b>		21e. ADDRESS <b>St. Helene Hosp &amp; Health Ctr, Deer Park, Calif</b>				
			21b. FROM TO AND (ENTER MONTH, DAY, YEAR) (ENTER MONTH, DAY, YEAR) (ENTER MONTH, DAY, YEAR)				21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER <b>A10503</b>						
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>BURIAL</b>		22b. DATE <b>6-11-74</b>		23. NAME OF CEMETERY OR CREMATORY <b>OAK HILL CEMETERY</b>		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <b>Wm L Col 3678</b>						
	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>FICKERT &amp; PASCOE MORTUARY</b>		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) <b>NO</b>		27. LOCAL REGISTRAR—SIGNATURE <b>Olive M. Jack, M.D.</b>		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR						
MEDICAL AND HEALTH DATA	29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C. IMMEDIATE CAUSE (A) <b>Myocardial Infarct</b>								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>MIN.</b>				
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (B) <b>Chronic obstructive Pulmonary Disease &amp; Emphysema.</b>								<b>YRS.</b>				
	(C) <b>Chronic Bronchitis &amp; Chronic Lung Infections</b>								<b>YRS.</b>				
30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.								31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) <b>NO</b>		32. AUTOPSY (SPECIFY YES OR NO) <b>NO</b>		32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)	
INJURY INFORMATION	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY—MONTH, DAY, YEAR		36b. HOUR				
	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19. MILES		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)				
	40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)												
STATE REGISTRAR		A.		B.		C.		D.		E.		F.	

JUN 11 1974

This is a true copy of the Certificate on file in my office

*Olive M. Jack, M.D.*  
REGISTRAR

SEAL

25588

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COPY

REQUESTED BY  
**LAWYERS TITLE INS. CORP.**

OFFICIAL RECORDS OF  
CLYDE CO. NEVADA

\$ 5.00 pd

SEP 25 AM 9:04

MARICIA J. WILLIAMS  
RECORDER

*Linda Slater* 25588  
dep.

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