

Affidavit—Death of Joint Tenant

TO 5036 NV (9-67)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF ~~NEVADA~~ CALIFORNIA }
COUNTY OF ~~NEVADA~~ LOS ANGELES } ss.

VERNA C. PARKER, of legal age, being first duly sworn, deposes and says:
That RALPH L. PARKER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RALPH L. PARKER named as one of the parties in that certain DEED OF TRUST dated June 8, 1969, executed by RALPH L. PARKER & VERNA C. PARKER to ISLA M. PILKINGTON and MARIE E, FOLKERSON, as joint tenants, recorded as Instrument No. 44836, on July 3, 1969, in book 67, page 537, of Official Records of DOUGLAS COUNTY County, Nevada, covering the following described property situated in the _____, County of DOUGLAS, State of Nevada:

LOT NO. 118, TOPAZ SUBDIVISION, by Walker River Irrigation District in Section 29 and 32, Township 10 North, Range 22 East, M.D.B. & M. Douglas County, State of Nevada, as filed in the office of the County Recorder, August 10, 1954, in Book 1 of Maps.

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 \$ _____

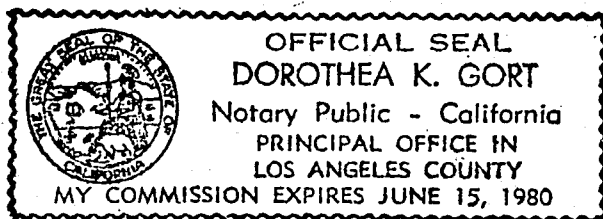
Dated November 15, 1978

Verna C. Parker
Verna C. Parker

SUBSCRIBED AND SWORN TO before me

this 12th day of December 1978

Signature [Signature]
Name (Typed or Printed)



(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO

Name

Street Address

City & State

[VERNA PARKER
3817 E. Livingston
LONG BEACH, CA 90803]

28939
BOOK 179 PAGE 603

This is a true certified copy of the record
 if it bears the seal, imprinted in purple ink,
 of the Registrar-Recorder.



JAN 8 1979

Leonard Parnell REGISTRAR-RECORDER
 LOS ANGELES COUNTY, CALIFORNIA

CERTIFICATE OF DEATH

0190-001535

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
 OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a NAME OF DECEASED—FIRST NAME RALPH		1b MIDDLE NAME LUCIAN		1c LAST NAME PARKER		2a DATE OF DEATH—MONTH DAY YEAR JAN. 16, 1977		2b HOUR 2130	
3 SEX MALE		4 COLOR OR RACE CAUCASIAN		5 BIRTHPLACE STATE OR FOREIGN TEXAS		6 DATE OF BIRTH JUNE 28, 1919		7 AGE YEARS 57	
8 NAME AND BIRTHPLACE OF FATHER ROBERT F. PARKER, TEXAS					9 MAIDEN NAME AND BIRTHPLACE OF MOTHER EULA MULLINS, TENNESSEE				
10 CITIZEN OF WHAT COUNTRY U.S.A.			11 SOCIAL SECURITY NUMBER [REDACTED] 3229			12 MARRIED NEVER MARRIED WIDOWED DIVORCED SPECIFY MARRIED		13 NAME OF SURVIVING SPOUSE IF WIFE ENTER MAIDEN NAME VERNA C. MABREY	
14 LAST OCCUPATION MARINE ENGINEER			15 NUMBER OF YEARS IN THIS OCCUPATION 30		16 NAME OF LAST EMPLOYING COMPANY OR FIRM SEA-LAND SERVICES		17 KIND OF INDUSTRY OR BUSINESS SHIPPING		
18a PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY U.C.L.A. MEDICAL CENTER					18b STREET ADDRESS—STREET AND NUMBER OR LOCATION 10833 LE CONTE AVENUE			18c INSIDE CITY CORPORATE LIMITS SPECIFY YES OR NO YES	
18d CITY OR TOWN LOS ANGELES					18e COUNTY LOS ANGELES		18f LENGTH OF STAY IN COUNTY OF DEATH 3 weeks YEARS		18g IN STATE OF CALIFORNIA 32 YEARS
19a USUAL RESIDENCE—STREET ADDRESS STREET AND NUMBER OR LOCATION 2222 S. REDWOOD DRIVE					19b INSIDE CITY CORPORATE LIMITS SPECIFY YES OR NO YES		20 NAME AND MAILING ADDRESS OF INFORMANT VERNA C. PARKER 2222 S. REDWOOD DR. ANAHEIM, CA. 92806		
19c CITY OR TOWN ANAHEIM					19d COUNTY ORANGE		19e STATE CALIFORNIA		
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		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 FROM [DATE] TO [DATE] AND [DATE]		21c PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE <i>[Signature]</i>		21d DATE SIGNED 1/16/77		21e ADDRESS 10833 Le Conte Ave LA 90024	
22a SPECIFY BURIAL, ENTOMBMENT OR CREMATION BURIAL		22b DATE 1/22/1977		23 NAME OF CEMETERY OR CREMATORY GREEN HILLS MEMIL PARK		24 EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <i>[Signature]</i> 4863		25 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) GREEN HILLS MORTUARY	
26 IF NOT CERTIFIED BY CORONER, HAS THIS DEATH REPORTED TO CORONER? SPECIFY YES OR NO No		27 LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>		28 DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR JAN 19 1977					
29. PART I DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C									
IMMEDIATE CAUSE (A) Cardiopulmonary Arrest		DUE TO OR AS A CONSEQUENCE OF (B) Spinal Metastasis of Adenocarcinoma		DUE TO OR AS A CONSEQUENCE OF (C) Adenocarcinoma		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 min			
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 No		32a AUTOPSY SPECIFY YES OR NO Yes		32b IF YES, WILL IT DETERMINE CAUSE OF DEATH? SPECIFY YES OR NO YES					
33. SPECIFY ACCIDENT SUICIDE OR HOMICIDE			34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) [REDACTED]		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.		G.		H.	

REQUESTED BY
Verna Parker
 IN OFFICIAL RECORDS OF
 DOUGLAS CO. NEVADA
 \$4.00 fee
 1979 JAN 12 AM 10:42

MARIE A. RABEL
 RECORDER
Donna Juchter
 28939
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