

**Affidavit-Death of Joint Tenant**

TO 5036 NV (5-73)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,  
COUNTY OF Douglas } ss.

Raymond H. Palmer, of legal age, being first duly sworn, deposes and says:  
That Adelaide Palmer, a widow, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Adelaide Palmer, a widow, named as one of the parties in that certain Deed of Trust dated November 7, 1972, executed by William R. Chatelain and Mary Chatelain, husband and wife, to Adelaide Palmer, a widow, and Raymond H. Palmer, a single man, as joint tenants, recorded as Instrument No. 62843, on November 17, 1972, in book 1172, page 550-A, of Official Records of Douglas County, Nevada, covering the following described property situated in the \_\_\_\_\_ County of Douglas, State of Nevada:

The South 1/2 of the South 1/2 of the South 1/2 of the West 1/2 of the East 1/2 of the Southwest 1/4 of Section 17, Township 12 North, Range 21 East, M.D.B. & M.

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 \$ 5,000.

Dated November 19, 1982

Raymond H. Palmer  
Raymond H. Palmer

SUBSCRIBED AND SWORN TO before me

STATE OF CALIFORNIA  
COUNTY OF San Diego } ss.

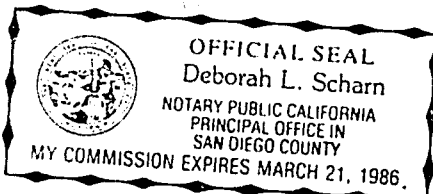


On this the 19 day of November 19 82 before me, the undersigned Notary Public, in and for said County and State, personally appeared Raymond H. Palmer

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed to the within instrument, and acknowledged that he executed the same.

Deborah L. Scharn

FOR NOTARY SEAL OR STAMP



Cal-375 Ack. Individual (Rev. 6-82) Staple

Encinitas, Ca. 92024

73708  
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**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

**8000**

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.  
 FEE PAID: \$3.00  
 DATED: JAN 19 1981

SEAL  
 RONALD L. RAMOS, M.D., HEALTH OFFICER  
 SAN DIEGO DEPARTMENT OF HEALTH SERVICES  
 1700 PACIFIC HWY., SAN DIEGO, CA 92101

|   |                           |  |   |
|---|---------------------------|--|---|
| STATE FILE NUMBER   |                           | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER   |   |
| 1A. NAME OF DECEDENT—FIRST<br><b>Adelaide</b>   |                           | 1B. MIDDLE   | 1C. LAST<br><b>Palmer</b>   |
| 2A. DATE OF DEATH (MONTH, DAY, YEAR)<br><b>January 16, 1981</b>   |                           | 2B. HOUR<br><b>1430</b>  |   |
| 3. SEX<br><b>Female</b>   | 4. RACE<br><b>White</b>   | 5. ETHNICITY   | 6. DATE OF BIRTH<br><b>May 28, 1894</b>   |
| 7. AGE<br><b>86</b>   | IF UNDER 1 YEAR<br>MONTHS | IF UNDER 1 YEAR<br>DAYS  | IF UNDER 24 HOURS<br>HOURS<br>MINUTES   |
| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)<br><b>Ireland</b>  |                           | 9. NAME AND BIRTHPLACE OF FATHER<br><b>(Unknown) Tombe Ireland</b>   |   |
| 10. BIRTH NAME AND BIRTHPLACE OF MOTHER<br><b>(Unknown) Mitchell IRE</b>  |                           | 11. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   |
| 12. SOCIAL SECURITY NUMBER<br><b>6601D</b>  |                           | 13. MARITAL STATUS<br><b>Widowed</b>   |   |
| 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)  |                           | 15. KIND OF INDUSTRY OR BUSINESS<br><b>Homemaking</b>  |   |
| 16. NUMBER OF YEARS [THIS OCCUPATION]<br><b>Adult Life</b>  |                           | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)  |   |
| 18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)<br><b>1841 Belle Grove Road</b>  |                           | 19B. CITY OR TOWN<br><b>Encinitas</b>  |   |
| 19D. COUNTY<br><b>Sun Diego</b>   |                           | 19C. STATE<br><b>CA</b>  |   |
| 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP<br><b>Ray Palmer Son</b>   |                           | 21A. PLACE OF DEATH<br><b>1841 Belle Grove Road Encinitas, CA 92024</b>                                    |   |
| 21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION)<br><b>354 Santa Fe Drive</b>  |                           | 21C. CITY OR TOWN<br><b>Encinitas</b>  |   |
| 22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE  |                           |  |   |
| (A) <b>Sideroblastic Anemia.</b>  |                           | 24. WAS DEATH REPORTED TO CORONER?<br><b>YES</b>   | 25. WAS BODYPERFORMED?<br><b>NO</b>   |
| (B) <b>Congestive Heart Failure</b>   |                           | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH<br><b>10 years</b>  | 26. WAS AUTOPSY PERFORMED?<br><b>NO</b>   |
| (C) <b>Atrial Fibrillation.</b>   |                           | <b>10 years</b>  |   |
| 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH<br><b>None</b>  |                           |  |   |
| 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION<br><b>NO</b>   |                           |  |   |
| 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.   |                           | 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE<br><i>James T. Hoy, M.D.</i>                                  | 28C. DATE SIGNED<br><b>1/17/81</b>  |
| 28D. PHYSICIAN'S LICENSE NUMBER<br><b>625996</b>  |                           | 28E. TYPE PHYSICIAN'S NAME AND ADDRESS<br><b>James T. Hoy, M.D., 317 N. El Camino Real #210, Encinitas</b> |   |
| 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)  |                           |  |   |
| 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 (INDUSTRY- INVESTIGATION) |                           | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE   | 35C. DATE SIGNED  |
| 36. DISPOSITION<br><b>Burial</b>  |                           | 37. DATE—MONTH, DAY, YEAR<br><b>1-20-81</b>  | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY<br><b>Olivewood Cemetery, Riverside</b> |
| 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE<br><b>4666</b> <i>Ronald L. Ramos</i>   |                           | 40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)<br><b>Encinitas Mortuary</b>                       |   |
| 41. LOCAL REGISTRAR—SIGNATURE<br><i>Ronald L. Ramos, M.D., D.S.O.</i>   |                           | 42. DATE ACCEPTED BY LOCAL REGISTRAR<br><b>JAN 19 1981</b>   |   |

STATE REGISTRAR A. B. C. D. E. F.

REQUESTED BY  
*Ronald L. Ramos*  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO. NEVADA  
 \$ 5.00 fee.  
 1982 DEC -6 AM 11:17  
 SUZANNE BEAUDREAU  
 RECORDER  
*Carol J. Lehart* 73708  
 dep. LIBER 1282 PAGE 247