

1 IN THE MATTER OF THE DEATH OF)
2 CHARLES W. ANDREWS,)
3 a joint tenant.)

4 AFFIDAVIT OF FLORENCE PERRY ANDREWS

5 STATE OF California)
6 COUNTY OF SAN MATEO) ss

7 FLORENCE PERRY ANDREWS, being duly sworn, deposes and says:
8 That she is the surviving wife of CHARLES W. ANDREWS, who
9 died on the 12th day of February, 1972, in the City of Menlo Park
10 County of San Mateo, State of California, of which County he
11 was a resident at the time of his death; that she and the said
12 CHARLES W. ANDREWS are the same persons named as Grantees in that
13 certain deed filed for record in the Office of the County Recorder
14 of Douglas County, State of Nevada, on the 30th day of August, 1955,
15 in Book B-1, Page 427, Official Records of Douglas County, Nevada;
16 that by said deed there was conveyed to her and the said CHARLES W.
17 ANDREWS, as joint tenants with the right of survivorship, and to
18 the survivor of them, all that certain lot, piece, or parcel of
19 land, situate, lying, and being in the County of Douglas, State of
20 Nevada, particularly described as follows:

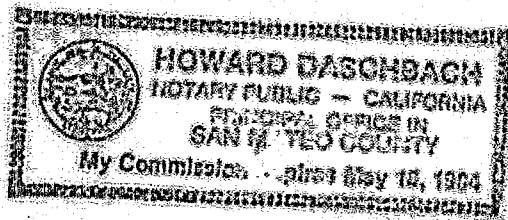
21 Lot No. 113, Elks Subdivision.

22 That upon the death of the said CHARLES W. ANDREWS all
23 interest of said decedent in and to said lot, piece, or parcel of
24 land terminated under the joint tenancy provisions of said Deed;
25 that a certified copy of the Certificate of Death of CHARLES W.
26 ANDREWS on February 12 1972, is attached hereto and by this
27 reference made a part hereof.

28
29 Subscribed and sworn to before
me this 12 day of July
30 1983.

Howard Daschbach
Notary Public in and for the
County of San Mateo, State
of California

Florence Perry Andrews
Florence Perry Andrews



✓ HALLEY AND HALLEY
ATTORNEYS AT LAW
FIRST NATIONAL BANK BLDG.
ONE EAST FIRST ST.
RENO, NEVADA

Howard Daschbach

089705

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH

4100

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1. NAME OF DECEASED - FIRST NAME Charles		1b MIDDLE NAME William		1c LAST NAME Andrews	
2. DATE OF DEATH - MONTH DAY YEAR February 12, 1972		2b HOUR 1:40P		2c M	
3. SEX Male		4. COLOR OR RACE White		5. BIRTHPLACE California	
6. DATE OF BIRTH 12-9-1905		7. AGE - (LAST BIRTHDAY) 66		7b IF UNDER 24 MONTHS AGE	
8. NAME AND BIRTHPLACE OF FATHER John F. Andrews / California		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Clara Johnson / California		10. CITIZEN OF WHAT COUNTRY U. S. A.	
11. SOCIAL SECURITY NUMBER 3353		12. MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) Married		13. NAME OF SURVIVING SPOUSE (IF WIFE ENTER MAIDEN NAME) Florence Perry Andrews	
14. LAST OCCUPATION Realtor & Ins. Bk.		15. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SPECIFY) self employed		17. KIND OF INDUSTRY OR BUSINESS Real Estate & Insurance	
18a. PLACE OF DEATH - NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY Menlo Park Extended Care Hosp.		18b. STREET ADDRESS - (STREET AND NUMBER, OR LOCATION) 1275 Crane Street		18c. HEIGHT OF DEATH IN CALIFORNIA yes	
18d. CITY OR TOWN Menlo Park		18e. COUNTY San Mateo		18f. LENGTH OF STAY IN CALIFORNIA Life	
19a. USUAL RESIDENCE - STREET ADDRESS (STREET AND NUMBER OR LOCATION) 490 Sherwood Way		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes		20. NAME AND MAILING ADDRESS OF INFORMANT Florence P. Andrews 490 Sherwood Way Menlo Park, California	
19c. CITY OR TOWN Menlo Park		19d. COUNTY San Mateo		19e. STATE California	
21a. CORONER (IF DEATH CERTIFICATE THAT DEATH OCCURRED BY THE CORONER, STATE THE MANNER OF DEATH AND THE PLACE WHERE THE CORONER'S EXAMINATION WAS MADE. IF THE CORONER'S EXAMINATION WAS MADE IN A PLACE OTHER THAN THE PLACE OF DEATH, STATE THE PLACE AND DATE OF EXAMINATION.) George Pickett M.D. Feb 14 1972		21b. PHYSICIAN (IF DEATH CERTIFICATE THAT DEATH OCCURRED BY THE PHYSICIAN, STATE THE MANNER OF DEATH AND THE PLACE WHERE THE PHYSICIAN'S EXAMINATION WAS MADE. IF THE PHYSICIAN'S EXAMINATION WAS MADE IN A PLACE OTHER THAN THE PLACE OF DEATH, STATE THE PLACE AND DATE OF EXAMINATION.) Dr. Pickett		21c. DATE SIGNED Feb 14 1972	
22. SPECIFIC BURIAL, ENTOMBMENT OR CREMATION Entombment		22a. DATE 2-15-72		24. EMBALMER - SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER George Pickett M.D. 5025	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Johnston Colonial Mort.		26. IF NOT CERTIFIED BY CORONER AND NOT REPORTED TO COUNTY HEALTH DEPARTMENT (SPECIFY YES OR NO) no		27. LOCAL REGISTRATION DISTRICT MD 18 FEB 15 1972	
29. PART I DEATH WAS CAUSED BY: (A) IMMEDIATE CAUSE Myocardial Infarction (B) DUE TO OR AS A CONSEQUENCE OF Myocardial Infarction (C) DUE TO OR AS A CONSEQUENCE OF Myocardial Infarction		30. PART II - OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE (ENTER IN PART I) George Pickett M.D.		31. WAS OPERATION OF MOTOR VEHICLE INVOLVED (SPECIFY YES OR NO) OR WAS OPERATOR LICENSE SUSPENDED (SPECIFY YES OR NO) no	
33. SPECIFY ACCIDENT SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY NAME OF FACTORY, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)	
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. MILES		36. DATE OF INJURY - MONTH DAY YEAR 368 HOUR	
38. WERE LABORATORY TESTS DONE FOR DRUGS (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)	
A.		B.		C.	
D.		E.		F. 6122	

REQUESTED BY
James J. Halley, Jr.
OFFICIAL RECORDS
SUCAS COUNTY, CALIF.
#6.00 pd
1972 OCT 19 AM 11:58
SUZANNE BEAUDREAU
RECORDER

Betty Herdon
Dep.

SAN MATEO COUNTY
DEPARTMENT OF PUBLIC HEALTH AND WELFARE
225 - 37TH AVENUE
SAN MATEO, CALIFORNIA

THIS IS TO CERTIFY THAT, IF BEARING THE DEPARTMENT SEAL, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE

SEAL
George Pickett M.D.
GEORGE PICKETT, M.D.
DIRECTOR AND LOCAL REGISTRAR

Dated: February 16, 1972

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