

AND WHEN RECORDED MAIL TO

Name
Street
Address
City, &
State



Clarlan Bisher
10669 Biscay Way
Rancho Cordova, CA 95670

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

STATE OF ~~CALIFORNIA~~ NEVADA }
County of DOUGLAS } ss.

Clarlan Bisher of legal age, being first duly sworn, deposes and says:
That John G. Bisher the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as John G. Bisher
named as one of the parties in that certain Agreement dated July 29, 1971
executed by First American Title Company of Nevada
to John G. Bisher and Clarlan Bisher
as joint tenants, recorded as Instrument No. 18696-cc on August 20, 1971, in
book 60 page 120 of Official Records of Douglas County, Nevada
~~County California~~ covering the following described property situated in the Topaz Ranch
states County of Douglas State of ~~California~~ Nevada

Lot 44, Topaz Ranch Estates, Unit # 2

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 \$70,000.00

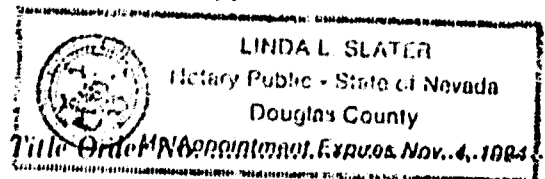
Dated Nov 10, 1983 Clarlan Bisher

SUBSCRIBED AND SWORN TO before me CLARLAN BISHER

this 10th day of November, 1983

Signature Linda L. Slater

Name (Typed or Printed)



(This area for official notarial seal)

Escrow or Loan No. BOOK 1183 PAGE 1190 090822

CERTIFICATE OF DEATH 3400
STATE OF CALIFORNIA

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST John		1B. MIDDLE Galen		1C. LAST BISHER		2A. DATE OF DEATH (MONTH, DAY, YEAR) March 22, 1983		2B. HOUR 1250	
3. SEX Male	4. RACE/ETHNICITY Caucasian		5. SPANISH/HISPANIC NO. <input checked="" type="checkbox"/>	6. DATE OF BIRTH April 6, 1917			7. AGE 65	IF UNDER 1 YEAR MONTHS: _____ DAYS: _____	IF UNDER 24 HOURS HOURS: _____ MINUTES: _____
8. BIRTHPLACE OF DECEDENT (STATE OR COUNTY) Iowa		9. NAME AND BIRTHPLACE OF FATHER Walter Earl Bisher, Iowa				10. BIRTH NAME AND BIRTHPLACE OF MOTHER Lettie Emma Rice, Iowa			
11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER ██████████ 9739		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Clarlan Bell			
15. PRIMARY OCCUPATION Truck Driver		16. NUMBER OF YEARS IN OCCUPATION 20	17. EMPLOYED (IF SELF EMPLOYED, SO STATE) Self employed			18. KIND OF INDUSTRY OR BUSINESS Trucking			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 10669 Biscay Way						19B. CITY OF TOWN Rancho Cordova			
19C. COUNTY Sacramento			19D. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Wife Clarlan Bisher 10669 Biscay Way Rancho Cordova, CA 95670				
21A. PLACE OF DEATH 10669 Biscay Way			21B. COUNTY Sacramento		21D. CITY OF TOWN Rancho Cordova				
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE									
CONDITIONS, IF ANY, WHICH LEAD UP TO THE IMMEDIATE CAUSE (STAPLE THE UNDERLYING CAUSE LIST)	(A) Respiratory Failure				12 hrs.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH DELEGATED TO CORONER? No	
	(B) Pneumonia				3 wks.			25. WAS DISPOST PERFORMED? no	
	(C) Bronchogenic Carcinoma				4 mos.			26. WAS AUTOPSY PERFORMED? no	
23. OTHER CONDITIONS CONTRIBUTING (BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH) Chronic Obstructive Lung Disease						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION no			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED 2/13/80 13/3/83		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Paul A. Bilunios, M.D.</i>		28C. DATE SIGNED 3/24/83		28D. PHYSICIAN'S LICENSE NUMBER C-33529		28E. TYPE PHYSICIAN'S NAME AND ADDRESS Paul A. Bilunios, M.D. 3637 Mission Avenue, Carmichael, CA	
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 OF 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 ADEQUATE INVESTIGATION.					35B. CORONER—SIGNATURE AND DEGREE OR TITLE <i>Joseph C. ...</i>			35C. DATE SIGNED	
36. BURIAL OR CREMATION Crementation		37. DATE—MONTH, DAY, YEAR 3/25/1983		38. NAME AND ADDRESS OF CEMETERY OR CREMATOR Sacramento, CA Sacramento Memorial Crematory			39. ENCASED & LICENSE NUMBER AND SIGNATURE Not embalmed		
40A. NAME OF FUNERAL HOME OR PERSON ACTING AS SUCH Russ Monroe Company			40B. LICENSE NO. 1323	41. LOCAL REGISTRAR—SIGNATURE <i>Joseph C. ...</i>			42. DATE RECEIVED BY LOCAL REGISTRAR 3/25/83		
STATE REGISTRAR	A.	B.	C.	D.	E.	F.			

SEAL

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE SACRAMENTO COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL STATISTICS SECTION, SACRAMENTO COUNTY DEPARTMENT OF HEALTH, SACRAMENTO, CALIFORNIA.

Joseph C. ...
BY: *Wendy DeBussio*

REGISTRAR
DEPUTY

090822
BOOK 1183 PAGE 1191

COPY

REQUESTED BY
Clarice Lister
OFFICIAL RECORDS OF
CLARK COUNTY, NEVADA
710-212
1983 NOV 10 PM 2:21

SUZANNE BEAUDREAU
RECORDER

Diana Miller
clerk

090822

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