

AFFIDAVIT BY SURVIVING JOINT TENANT

State of NEVADA)
County of DOUGLAS) ss.
)

Genevieve Rucker being first duly sworn, deposes and says:
That affiant is the surviving spouse of Elton E. Rucker,
and that the affiant and the said Elton E. Rucker,
deceased are the grantees in joint tenancy with the right of survivorship under a
deed of conveyance affecting the following described real property, situate in the
County of Douglas, State of Nevada, recorded in Book 581,
Page 011, Document No. 55893.

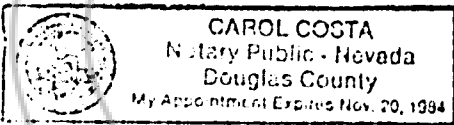
*lot 20, Block A, as set forth on the Map of Mountain View Estates No 2
Filed for record October 24, 1979 Document No. 38123.*

That the said Elton E. Rucker, one of the joint
tenant grantees in said deed, died on the 13th day of August, 19 83
in the County of Riverside, State of California.

That all interest in and to said real property is vested absolutely in affiant,
namely, Genevieve Rucker as of the date of said decedent's death.

Genevieve L. Rucker
Genevieve Rucker

SUBSCRIBED and SWORN to before me this 3rd day of February, 1984



Carol Costa
Notary Public

After recording
Genevieve Rucker
P.O. Box 1693
Minden, Nevada 89423

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

| | | | | | |
|--|---|--|--|--|---|
| STATE FILE NUMBER | | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | | |
| 1A. NAME OF DECEDENT—FIRST Elton | | 1B. MIDDLE E. | 1C. LAST RUCKER | | 2A. DATE OF DEATH (MONTH, DAY, YEAR) AUGUST 13, 1983 |
| 3. SEX Male | 4. RACE/ETHNICITY White/American | 5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/> | 6. DATE OF BIRTH May 28, 1914 | | 7. AGE 69 |
| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Colorado | | 9. NAME AND BIRTHPLACE OF FATHER Elliot Rucker Missouri | | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER Ethel Glenn Oklahoma | |
| 11. CITIZEN OF WHAT COUNTRY U.S.A. | | 12. SOCIAL SECURITY NUMBER ██████████ 7466 | | 13. MARITAL STATUS Married | |
| 15. PRIMARY OCCUPATION Leadman | | 16. NUMBER OF YEARS THIS OCCUPATION 36 | 17. EMPLOYER (IF SELF EMPLOYED, SO STATE) McDonald Douglas | | 18. KIND OF INDUSTRY OR BUSINESS Aircraft Manufacture |
| 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 30160 Merrill | | | 19B. | 19C. CITY OR TOWN Nuevo | |
| 19D. COUNTY Riverside | | 19E. STATE California | | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Genevieve Rucker Wife 30160 Merrill Nuevo, California | |
| 21A. PLACE OF DEATH KAISER FOUNDATION HOSPITAL | | 21B. COUNTY SAN BERNARDINO | | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP | |
| 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 9961 SIERRA AVENUE | | 21D. CITY OR TOWN FONTANA | | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP | |
| 22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <i>Metastatic adenocarcinoma of the prostate</i> DUE TO OR AS A CONSEQUENCE OF (B) <i>of the prostate</i> DUE TO OR AS A CONSEQUENCE OF (C) | | | 24. WAS DEATH REPORTED TO CORONER? NO | | 25. WAS BIOPSY PERFORMED? No |
| 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <i>intestinal ileus</i> | | | 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 I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 7-28-83 8-12-83 | | 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Oliver Droppers M.D.</i> 28E. TYPE PHYSICIAN'S NAME AND ADDRESS OLIVER, DROPPERS, M.D. 9961 SIERRA AVE. FONTANA, CA. 92335 | | 28C. DATE SIGNED 8-15-83 | 28D. PHYSICIAN'S LICENSE NUMBER 6 27345 |
| 29. SPECIFY ACCIDENT, SUICIDE, ETC. | | 30. PLACE OF INJURY | | 31. INJURY BY WHAT | 32A. DATE OF INJURY—MONTH, DAY, YEAR |
| 33. LOCATION (STREET AND NUMBER OF 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 (INQUEST INVESTIGATION) | | | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE | | 35C. DATE SIGNED |
| 36. DISPOSITION burial | 37. DATE—MONTH, DAY, YEAR 8/16/83 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY 720 E. Florence Inglewood Cemetery Inglewood CA | | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 6966 Rex Childers | |
| 40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Inglewood Cemetery Mortuary | | 40B. LICENSE NO. 1101 | 41. SIGNATURE OF LOCAL REGISTRAR <i>George R. Pettersen M.D.</i> | | 42. DATE ACCEPTED BY LOCAL REGISTRAR AUG 16 1983 |
| STATE REGISTRAR | A. 7 8-22 | B. | C. | D. | E. |
| | | | | | F. 1850 |

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN

RED.
George R. Pettersen M.D.
GEORGE R. PETERSEN, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH



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