

RECORDING REQUESTED BY

S. NORMAN BLACK *Bldg E Suite 102*  
1801 E. PARK COURT PLACE  
SANTA ANA, CA 92701

AND WHEN RECORDED MAIL TO

Name  Mr. George L. Matthiesen  
Street Address 16922 Ruby Circle  
City & State Huntington Beach, CA 92649

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO

Name  Mr. George L. Matthiesen  
Street Address 16922 Ruby Circle  
City & State Huntington Beach, CA 92649

# Affidavit - Death of Joint Tenant

AJT 873 GH

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

STATE OF CALIFORNIA,  
COUNTY OF ORANGE } ss.

GEORGE L. MATTHIESEN of legal age, being first duly sworn, deposes and says:  
That DORIS ELEANOR MATTHIESEN the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DORIS E. MATTHIESEN named as one of the parties in that certain Trustee's Deed dated June 1, 1982, executed by JAMES D. OWEN, President, Silver State Title Company to George L. and Doris E. Matthiesen as joint tenants, recorded as Instrument No. 68511, on June 15, 1982, in book 682, page 788 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of ~~California~~: Nevada.

Parcel I:

The northeast 1/4 of the Southwest 1/4, Section 22, township 11 north range 21 east, M.D.B. & M Assessor's Parcel No. 35-240-04.

Parcel II:

The north 1/2 and southwest 1/4 of the southwest 1/4 of the southwest 1/4 Section 22 township 11 north, range 21 east, M.D.B. & M. Assessor's parcel No. 35-240-05

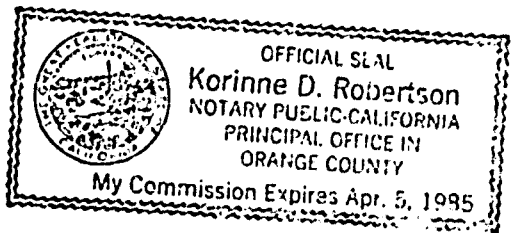
That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 250,000.00

Dated August 31, 1984

*George L. Matthiesen*  
GEORGE L. MATTHIESEN

SUBSCRIBED AND SWORN TO before me

this 31<sup>st</sup> day of August  
Signature Korinne D. Robertson  
KORINNE D. ROBERTSON  
Name (Typed or Printed)



(This area for official notarial seal)

106714

Title Order No. \_\_\_\_\_ File, Escrow or Loan No. \_\_\_\_\_ BOOK 984 PAGE 1279

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

3000 05297

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)   2B. HOUR	
DORIS		ELEANOR	MATTHIESEN	June 2, 1984   1300	
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO SI	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS   DAYS
Female	White		January 16, 1918	66 YEARS	IF UNDER 24 HOURS HOURS   MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
New Jersey		James P. DePaolo/New Jersey		Ethel Belder/New Jersey	
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
United States		██████████-1385	Married		George Matthiesen
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS
Executive Secretary		5	G M A C		Finance
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.		19C. CITY OR TOWN
16922 Ruby Circle					Huntington Beach
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Orange		California		George L. Matthiesen - Husband	
21A. PLACE OF DEATH		21B. COUNTY		16922 Ruby Circle	
Fountain Valley		Orange		Huntington Beach, CA	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN			
17100 Euclid		Fountain Valley			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?
(A) <i>Septicemic Pneumonia</i> DUE TO, OR AS A CONSEQUENCE OF (B) <i>Renal failure</i> DUE TO, OR AS A CONSEQUENCE OF (C) <i>Liver cirrhosis - primary</i>			No		No
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST			26. WAS AUTOPSY PERFORMED?		No
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A			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.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
3-5-84		<i>Robert Fowler, M.D.</i>		6/9/84	65520
LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)		28E. TYPE PHYSICIAN'S NAME AND ADDRESS			
6-2-84		1110 Warner Ave. Suite 254, Fountain Valley, Ca.			
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR
SEAL					
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 (INQUEST-INVIGATION)			35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED
36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Cremation	June 5, 1984	Cremar Crematorium, Anaheim, Ca.		Not embalmed	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR
THE NEPTUNE SOCIETY		1305	<i>L. Carl Schling, M.D.</i>		JUN 5 1984
STATE REGISTRAR	A.	B.	C.	D.	E. F.
				106714	

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Date: JUN 6 1984  
 Fee: \$4.00  
 No Fee Veterans Purposes  
 Health Officer and Legal Registrar of Births and Deaths of Orange County

REQUESTED BY  
*S. Norman Blesk*  
IN OFFICIAL RECORDS OF  
COUNTY OF NEVADA  
*for George Mattheisen*  
'84 SEP 17 AIO:48

SUZANNE BEAUDREAU  
RECORDER

\$ 7<sup>00</sup> PAID. *je* DEPUTY

**106714**

BOOK **984** PAGE **1281**