

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name

Street Address

City & State

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

CAT. NO. NN00110
TD 426 CA (2-83)

THIS FORM FURNISHED BY TICOR TITLE INSURERS

A.P.N. _____

ALL
PTL.

STATE OF CALIFORNIA.

County of Riverside

W.C. Stoner, of legal age, being first duly sworn, deposes and says:

That Evelyn E. Stoner, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Evelyn E. Stoner named as one of the parties in that certain Deed of Trust dated Febreuary 10, 1986 executed by Joseph J. Sipiora and Elenor R. Sipiora to W.C. Stoner and Evelyn E. Stoner, husband and wife

as joint tenants, recorded as Instrument No. 130790, on February 12, 1986, in Book/Reel 286, Page/Image 907, of Official Records of Douglas County, ~~CALIFORNIA~~ NEVADA, covering the following described property situated in the County of DOUGLAS, State of ~~California~~ NEVADA

Lot 7 in Block F, as shown on the map entitled TOPAZ RANCH ESTIMATES, Unit NO. 4, filed for record November 16, 1970, in the office of the county Recorder of Douglas County, Nevada

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 \$ _____

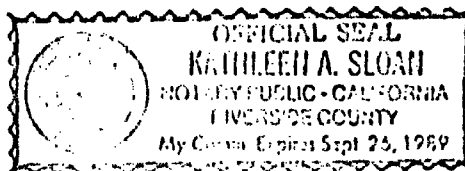
Dated 20, September 1988

W.C. Stoner
W.C. Stoner

SUBSCRIBED AND SWORN TO before me

this 20th day of September, 1988

Signature Kathleen A. Sloan



192985

(This area for official notarial seal)

Title Order No. _____

Escrow or Loan No. 1288 PAGE 2744

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

5400

01452

FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Evelyn		1B. MIDDLE E.	1C. LAST Stoner
2A. DATE OF DEATH (MONTH, DAY, YEAR) Sept. 18, 1987		2B. HOUR 1435	
3. SEX Female	4. RACE/ETHNICITY American	5. SPANISH/Hispanic NO	6. DATE OF BIRTH Dec. 8, 1925
7. AGE 61 YEARS	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS	IF UNDER 24 HOURS HOURS
IF UNDER 24 HOURS MINUTES	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Texas		9. NAME AND BIRTHPLACE OF FATHER Joseph L. Floyd, Oklahoma
10. BIRTH NAME AND BIRTHPLACE OF MOTHER Minnie May Roberson, Okla.			11. CITIZEN OF WHAT COUNTRY U S A
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 N/A TO 19		12. SOCIAL SECURITY NUMBER -0981	13. MARITAL STATUS Married
14. NAME OF SURVIVING SPOUSE OR WIFE, ENTER BIRTH NAME Willoughby C. Stoner		15. PRIMARY OCCUPATION Homemaker	
16. NUMBER OF YEARS THIS OCCUPATION adult life		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) at home	
18. KIND OF INDUSTRY OR BUSINESS at home			19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1963 E. Ash St.
19B. COUNTY Tulare		19C. CITY OR TOWN Tulare	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Willoughby Stoner, Husband 1963 E. Ash St. Tulare, California 93274
21A. PLACE OF DEATH Kaweah Delta Hospital		21B. COUNTY Tulare	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 400 W. Mineral King
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 400 W. Mineral King		21D. CITY OR TOWN Visalia	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Sepsis with Pneumonia		24. WAS DEATH REPORTED TO CORONER? No	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (B) Immunosuppressed Heart		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 48 hours	
(C) Stg. 4 Lymphoma		2 years	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A Sercol Sjogren's Syndrome		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION Porto-cath	
25. DATE SIGNED 9-15-87		26. PHYSICIAN'S LICENSE NUMBER 64699	
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.) 10-8-86 9-18-87		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Charles H. Boniske, M.D.	
28C. DATE SIGNED 9-21-87		28D. PHYSICIAN'S LICENSE NUMBER 64699	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS Charles H. Boniske, M.D. 609 W. Acequia, Visalia, 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 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 HAD AN INQUEST- INVESTIGATION		35B. CORONER—SIGNATURE AND DEGREE OR TITLE 	
35C. DATE SIGNED 		36. DISPOSITION Burial	
37. DATE—MONTH, DAY, YEAR Sept. 22, 1987		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Tulare District Cemetery, Tulare, Calif.	
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not Embalmed		40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Hamilton Peers Funeral Service	
40B. LICENSE NO. E-505		41. LOCAL REGISTRAR—SIGNATURE Michael L. MacLean	
42. DATE ACCEPTED BY LOCAL REGISTRAR SEP 22 1987		STATE REGISTRAR	

State of California }
County of Tulare } ss

I HEREBY CERTIFY the foregoing to be a full, true and correct copy of the original instrument filed for record Sept 22 1987 Document No. 01452

In Witness Whereof, I have hereunto set my hand and affixed my Official Seal, this 22nd DAY OF NOV., 1987.

MICHAEL L. MacLEAN, M. D., Local Registrar
BY Michael Peers Deputy Registrar

SEAL

VITAL STATISTICS
Tulare County Dept. of Health Services
HILLMAN HEALTH CENTER
1062 South 'K' Street
Tulare, California 93274

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'88 DEC 20 P12:27

SUZANNE G. ANDREAU
RECORDER
\$600 PAID DH DEPUTY

192985

BOOK 1288 PAGE 2745