

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME: Western Title Company
STREET ADDRESS: P.O. Box 385
Minden, Nv 89423
CITY, STATE, ZIP: Escrow No 44703MCH

Order No. Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF CALIFORNIA,
County of Kern } ss.

DOLL PRICE, of legal age, being first duly sworn, deposes and says:
That John Price, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN PRICE named as one of the parties in that certain Joint Tenancy Deed dated December 26, 1978, executed by Donald C Payne and Bonnie J. Payne to JOHN PRICE and DOLL PRICE, Husband and Wife as joint tenants, recorded as Instrument No. 28926, on January 11, 1979, in book 179, page 582, of Official Records of Douglas County, California, covering the following described property situated in the Nevada County of Douglas, State of California: Nevada:

Lot 21, in Block J, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on November 16, 1970 in Book 1 of Maps, Page 224 as Document No 50212.

A.P.N. 37-433-17

Dated .. April 10, 1989

Signature of Doll Price
DOLL PRICE

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 17th day of April, 1989.

Signature of Sharon L. Ashley
Notary Public in and for said County and State



of Kern of California BOOK 200846 PAGE 489 3148
(This area for official notarial seal)

CERTIFICATE OF DEATH

1500

STATE FILE NUMBER

STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST John			1B. MIDDLE Edward		1C. LAST Price		2A. DATE OF DEATH (MONTH, DAY, YEAR) January 7, 1988		2B. HOUR UNK. A.M.			
3. SEX Male	4. RACE/ETHNICITY Caucasian		5. SPANISH/HISPANIC NO X	6. DATE OF BIRTH September 7, 1924			7. AGE 63 YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES			
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Arkansas			9. NAME AND BIRTHPLACE OF FATHER Tom Price ARKANSAS				10. BIRTH NAME AND BIRTHPLACE OF MOTHER Mattie Coughburn NOT AVAILABLE					
11A. CITIZEN OF WHAT COUNTRY USA		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE. 1943 TO 1945		12. SOCIAL SECURITY NUMBER [REDACTED]-8647		13. MARITAL STATUS Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Doll Hilton					
15. PRIMARY OCCUPATION BAR TENDER			16. NUMBER OF YEARS THIS OCCUPATION 15		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) BEACON BAR		18. KIND OF INDUSTRY OR BUSINESS REFRESHMENTS & FOOD					
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2500 La France						19B.		19C. CITY OR TOWN Bakersfield				
19D. COUNTY Kern			19E. STATE California			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Doll Price (Wife) 2500 La France Bakersfield, California 93304						
21A. PLACE OF DEATH 2500 LAFRANCE (HOME)			21B. COUNTY KERN									
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2500 LAFRANCE			21D. CITY OR TOWN BAKERSFIELD									
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE												
CAUSE OF DEATH	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	(A) RESPIRATORY FAILURE	DUE TO, OR AS A CONSEQUENCE OF	None	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER? YES C-0-34-88						
		(B) ADENOCARCINOMA OF ESOPHAGUS METASTATIC TO LUNG	DUE TO, OR AS A CONSEQUENCE OF	Yes		25. WAS BIOPSY PERFORMED? No						
		(C)	DUE TO, OR AS A CONSEQUENCE OF			26. WAS AUTOPSY PERFORMED? No						
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A BRONCHITIS						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION DATE DISTAL ESOPHAGECTOMY WITH ROUSSEN-Y AUGUST 1984						
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 12/8/87			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Lisa Lamberth</i>			28C. DATE SIGNED 1-5-88		28D. PHYSICIAN'S LICENSE NUMBER 653863				
28E. TYPE PHYSICIAN'S NAME AND ADDRESS LISA LAMBERTH, M.D., 2615 E. Clinton, Fresno, CA 93703			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 HELD AN (INQUEST- INVESTIGATION)						35B. CORONER—SIGNATURE AND DEGREE OR TITLE			35C. DATE SIGNED			
36. DISPOSITION BURIAL		37. DATE—MONTH, DAY, YEAR 1-11-88		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY GREENLAWN CEMETERY, BAKERSFIELD, CA.				39. EMBALMER'S LICENSE NUMBER AND SIGNATURE RAYMOND J. MISH 3501				
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) MISH FUNERAL HOME—OILDALE			40B. LICENSE NO. 1065		41. LOCAL REGISTRAR—SIGNATURE LEON M. HEBERTSON, MD.		42. DATE ACCEPTED BY LOCAL REGISTRAR JAN 11 1988					

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF THE DOCUMENT ON FILE IN THIS OFFICE.

JAN 11 1988

ISSUED BY KERN COUNTY HEALTH DEPARTMENT

Leon M. Hebertson M.D.

LEON M HEBERTSON, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS
KERN COUNTY HEALTH DEPARTMENT
BAKERSFIELD, CALIFORNIA 93305

SEAL

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

'89 APR 26 P12:06

SUZANNE BEAUREAU
RECORDER **200846**
\$6.00 PAID DEPUTY
BOOK 489 PAGE 3149

PAGE NUMBER 3150 NOT USED

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