

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

✓
CHARLES R. FIELDS
7852 Aura Avenue
Reseda, Calif. 91335

Order No. _____
Escrow No. _____
Loan No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AP# 37-433-22

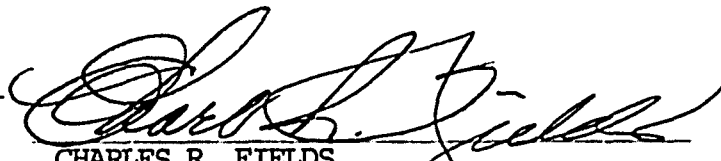
AFFIDAVIT-DEATH OF JOINT TENANT

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

CHARLES R. FIELDS, of legal age, being first duly sworn, deposes and says:
That LILLIAN JEAN FIELDS, the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as LILLIAN J. FIELDS
named as one of the parties in that certain JOINT TENANCY DEED dated November 21, 1972
executed by TOPAZ DEVELOPMENT CORP., a Nevada Corporation
to CHARLES R. FIELDS AND LILLIAN J. FIELDS, husband and wife
as joint tenants, recorded as Instrument No. 60556 on September 22, 1981 in
Book 981, Page 1166 of Official Records of Douglas County, ~~California~~
covering the following described property situated in the County of Douglas, State of ~~California~~
Nevada

Lot 26, in Block "J" as shown on the map of TOPAZ RANCH ESTATES UNIT
NO. 4, filed in the office of the Recorder of Douglas County, Nevada

Dated: March 11, 1992


CHARLES R. FIELDS

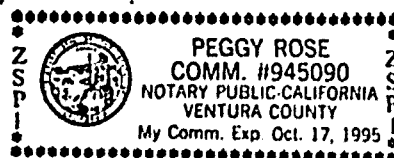
SUBSCRIBED AND SWORN TO before me, the
undersigned a Notary Public in and for said State,
of California

this 11th day of March 1992
WITNESS my hand and official seal.

Signature _____

PEGGY ROSE

Name (Typed or Printed)



273252

BOOK 392 PAGE 2197

(This area for official notarial seal)

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN) LILLIAN			1B. MIDDLE JEAN			1C. LAST (FAMILY) FIELDS			2A. DATE OF DEATH—MO., DAY, YR. JANUARY 19, 1992			2B. HOUR 0215		3. SEX F		
4. RACE CAUCASIAN				5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				6. DATE OF BIRTH—MO., DAY, YR. APRIL 20, 1929			7. AGE IN YEARS 62		IF UNDER 1 YEAR MONTHS _____ DAYS _____		IF UNDER 24 HOURS HOURS _____ MINUTES _____	
8. STATE OF BIRTH IL		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER GEORGE W. LANE				10B. STATE OF BIRTH MO		11A. FULL MAIDEN NAME OF MOTHER FLORABELLE HUGHES			11B. STATE OF BIRTH IL			
12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE				13. SOCIAL SECURITY NO. ██████-0116				14. MARITAL STATUS MARRIED			15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) CHARLES FIELDS					
16A. USUAL OCCUPATION HOMEMAKER				16B. USUAL KIND OF BUSINESS OR INDUSTRY OWN HOME				16C. USUAL EMPLOYER SELF EMPLOYED			16D. YEARS IN OCCUPATION 45		17. EDUCATION—YEARS COMPLETED 11			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 7852 AURA AVENUE								18B. CITY RESEDA				18C. ZIP CODE 91335				
18D. COUNTY LOS ANGELES				18E. NUMBER OF YEARS IN THIS COUNTY 54		18F. STATE OR FOREIGN COUNTRY CALIFORNIA				20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT CHARLES FIELDS, HUSBAND 7852 AURA AVE RESEDA, CA 91335						
19A. PLACE OF DEATH RESIDENCE				19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA _____				19C. COUNTY LOS ANGELES				22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 92-723 <input type="checkbox"/> NO				
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 7852 AURA AVE								19E. CITY RESEDA				23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Arteriosclerotic Cardiovascular Disease								24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DUE TO (B) _____								25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Hypertension - Breast Cancer				26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. Right Mastectomy 1987				
DUE TO (C) _____								27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER Wynne J. Lewiston, Dep. Coroner				27C. CERTIFIER'S LICENSE NUMBER 1487		27D. DATE SIGNED 1-21-92		
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR				DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR				27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS								
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Wynne J. Lewiston, Dep. Coroner				28B. DATE SIGNED 1-21-92								
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined Natural				30A. PLACE OF INJURY				30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR				
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)								33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)								
34A. DISPOSITION(S) BURIAL		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS FOREST LAWN MEMORIAL PARK LOS ANGELES, CA 90068				34C. DATE MO., DAY, YEAR 1-24-1992		35A. SIGNATURE OF EMBALMER W. Marshall Leach			35B. LICENSE NUMBER 7435					
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) FOREST LAWN HOLLYWOOD HILLS MTY				36B. LICENSE NO. F 904		37. SIGNATURE OF LOCAL REGISTRAR Robert C. Madsen				38. REGISTRATION DATE JAN 22 1992						
STATE REGISTRAR		A.		B.		C.		D.		E.		F.		CENSUS TRACT		

VS-11 (REV. 3-91)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

21-105-1000

REQUESTED BY
Charles Fields
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

92 MAR 16 AIO:46

SUZANNE BEAUGREAU
RECORDS
\$6.00 PAID **K2**
DEPUTY BOOK **273252**
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