SEP 13 '00 12:14PM STEWART TITLE MINDEN RECORDING REQUESTED BY: STEWART TITLE COMPANY

WHEN RECORDED MAIL TO:

BOBBY BARRON 1506 RICKING W. DRIVE BISHOP, CA. 93514

ESCROW	NO.	00010150	5	, , , , , , , , , , , , , , , , , , ,
A.P.N. #_	37	-411-010		

AFFIDAVIT - DEATH OF JOINT TENANT
STATE OF CALIFORNIA } ss.
COUNTY OF INYO
BOBBY W. BARRON , of legal age, being first duly sworn, deposes and says:  That RUTH ANN BARRON , the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as RUTH A. BARRON
executed by JOHN ARDEN FOR TOPAZ DEVELOPMENT, CORP.
IN BOBBY W. BARRON AND RUTH A. BARRON, HUSBAND AND WIFE AS COINT TENANTO
as joint tenants, recorded as Instrument No. 38106 , on 9/24/79 WROS in Book 1079 , Page 1922 , of Official Records of DOUGLAS
County, Nevada, covering the following described property situated in the DOUGLAS
County, State of Nevada:
Lot 1, in Block U, as shown on the map of TOPAZ RANCH ESTATES, UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada.
APN 37-411-01
DATE: September 07, 2000
STATE OF BELLY W BACTON
COUNTY OF BOBBY W. BARRON
This instrument was acknowledged before me on,
by, BORRY W BARRON
Signature
Signature Novary Public

## **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

enise M. Hayden, Notary Public Name and Title of Officer (e.g., "Jane Doe, Notary Public")
Name(s) of Signer(s)
the basis of satisfactory evidence to be the person(s) ose name(s) is are subscribed to the within instrument acknowledged to me that he she/they executed the ne in his/her/their authorized capacity(ies), and that by ther/their signature(s) on the instrument the person(s), he entity upon behalf of which the person(s) acted, cuted the instrument.  TNESS my hand and official seal.
e valuable to persons relying on the document and could prevent int of this form to another document.  of Joint Tenant  Number of Pages:
) )
Signer's Name:  Individual Corporate Officer Title(s): Partner — Limited General Attorney-in-Fact Trustee Guardian or Conservator  RIGHT THUMBPRINT OF SIGNER
Signer Is Representing:

© 1994 National Notary Association • 8236 Remmet Ave., P.O. Box 7184 • Canoga Park, CA 91309-7184

Prod. No. 5907

Reorder: Call Toll-Free 1-800-876-6827

## UNTY OF INYO

## **HEALTH & HUMAN SERVICES**

P.O. DRAWER "H", INDEPENDENCE, CA 93526

	TO PUP Alleman	<del></del>	USE BLACK	INK ONLY/NO ER	OF CALIFORNIA SURES, WHITEOUTS	OR ALTERATIO	NS		7-14-000	
STA	TE FILE NUMBER			VS-1	(REV. 11/96)	<del></del>			EGISTRATION	NUMBER
	1. NAME OF DECEDENT—F	IRET IGIVENI		2. MIDDLE		3. L	AST (FAMILY			
	RUTH	·			ANN			RRON		
	4. DATE OF BIRTH MM	/00/CCYY	I	B. IF UNDER 1 VE		18			M M / D D / C C	1
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	CO-OWNER/OF				PARTS SALE	S		1	22	
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	BISHOP			INYO	9	3514		45	CAL	IFORNIA
	26. NAME, RELATIONSHI	I.P.		,	27. MAILING ADDRE	ESS (STREET AND	NUMBER OF	RURAL ROU	TE NUMBER, CIT	Y OR TOWN. STAT
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CAUSE OF DEATH  PHYSI- CIAN'S CERTIFICA- TION	NORTHERN IN  103. STREET ADDRESS-  150 PIONEER  107. DEATH WAS CAUSE  IMMEDIATE CAUSE  IAI  DUE TO 101  DUE TO 101  112. OTHER SIGNIFICAN  DIABETES ME  113. WAS OPERATION F  CORONARY AF  114. I CERTIFY THAT TO EXCED DEATH OCCUME OF DIACE STATED DECEDENT ATTENDED SINCE WM 1.0 DICCEY  12/17/1991  I CERTIFY THAT IN OCCUMEND ATTENDED THAT IN STATED FROM THE  119. MANNER OF DEATH  119. MANNER OF DEATH	ACUTE M  CORONAR  ATHEROS  ATH	TTAL NUMBER OR ONLY ONE C  TYOCARDIA  Y ARTER  CLEROTIC  CLEROTIC  PASS GR MY MOWL- TOUR, DATE USES STATEM DICCEYY  (4/1997  OKATH AND PLACE	IDZ. IF MOSPILE IN EXECUTION  ALL INFARCT  Y DISEASE  C VASCULAF  ING TO DEATH BU  ENT URINAF  ITION IN ITEM 107  AFT/-/  115. BIGNATURE  NICKOLINE  120. INJURY AT YES  YES	TAL SPECIFY ONE IN THE PROPERTY OF THE PROPERT	AUBE GIVEN IN THE CONTROL OF THE CON	VIRAL ETER 1  ADDRESS.  PORTS  PORTS  ADDRESS.  PORTS  ADDRESS.  PORTS  ADDRESS.  PORTS  ADDRESS.	MINS.  GASTO DOTAL  GASTO  GA	INYO  IOS. CITY  BISH  OB. CLATH  YE  97  109. BIOPI  VE  111. USEO  VE  DENTERIT  996  10. BISHO  3. PLACE OF 1	OP  REPORTED TO CO  SERVE TO S
CAUSE OF DEATH  PHYSICIAN'S CERTIFICATION	NORTHERN IN  103. STREET ADDRESS-  150 PIONEER  107. DEATH WAS CAUSE  IMMEDIATE CAUSE  IAI  DUE TO IDI  112. OTHER SIGNIFICAN  DIABETES ME  113. WAS OPERATION P  CORONARY AR  CORONARY AR  114. I CERTIFY THAT IO  GOE DEATH OCCUM AND PLACE STATED  DECEGEN ATTENDED SINCE  WM . OD J C C YV  12/17/1991  I CERTIFY THAT IN OCCUBRED AT THE STATED FROM THE  119. MANNER OF DEATI  X NATURAL  SUICE  FENT.	ACUTE M  CORONAR  ATHEROS  ATHEROS  THE BEST OF THE BE	TTAL NUMBER OR ONLY ONE C  TYOCARDIA  Y ARTER  CLEROTI  RECURR OR ANY CONO PAY CONO	IDZ. IF MOSPILINE IN X ELOCATION  AUSE PER LINE F  AL. INFARCT  Y DISEASE  C VASCULAF  ING TO DEATH BU  ENT URINAF  ITION IN ITEM 107  AFT/-/  115. SIGNATURE  NICKOLINE  124. DESCRIBE	TAL SPECIFY ONE IN THE PROPERTY OF THE PROPERT	AUBE GIVEN IN THE CONTROL OF THE CON	VIRAL ETER 1  ADDRESS.  PORTS  PORTS  ADDRESS.  PORTS  ADDRESS.  PORTS  ADDRESS.  PORTS  ADDRESS.	MINS.  GASTO DOTAL  GASTO  GA	INYO  IOS. CITY  BISH  OB. CLATH  YE  97  109. BIOPI  VE  111. USEO  VE  DENTERIT  996  10. BISHO  3. PLACE OF 1	OP  REPORTED TO CO  SERVE TO S
CAUSE OF DEATH  PHYSI- CIAN'S CERTIFICA- TION	NORTHERN IN  103. STREET ADDRESS-  150 PIONEER  107. DEATH WAS CAUSE  IMMEDIATE CAUSE  IAI  DUE TO IDI  112. OTHER SIGNIFICAN  DIABETES ME  113. WAS OPERATION P  CORONARY AR  CORONARY AR  114. I CERTIFY THAT IO  GOE DEATH OCCUM AND PLACE STATED  DECEGEN ATTENDED SINCE  WM . OD J C C YV  12/17/1991  I CERTIFY THAT IN OCCUBRED AT THE STATED FROM THE  119. MANNER OF DEATI  X NATURAL  SUICE  FENT.	ACUTE M  CORONAR  ATHEROS  ATH	TTAL NUMBER OR PONLY ONE C  TYOCARDIA  TYOCA	IDZ. IF MOSPILINE IN X ELOCATION  AUSE PER LINE F  AL. INFARCT  Y DISEASE  C VASCULAF  ING TO DEATH BU  ENT URINAF  ITION IN ITEM 107  AFT/-/  115. BIGNATURE    ID   ID   ID    ITEM 107  AFT -/-/  ITEM 107  ITEM 1	TAL SPECIFY ONE:  R/OP DOA  OR A. B. C. AND DI  TION  TION  DISEASE  TY NOT RELATED TO C.  TY TRACT INF.  OR 1121 IF YES. LIS  TY TRACT INF.  OR 1121 INJURY DAY  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AUBE GIVEN IN THE CONTROL OF THE CON	VIRAL ETER 1  ADDRESS.  PORTS  PORTS  ADDRESS.  PORTS  ADDRESS.  PORTS  ADDRESS.  PORTS  ADDRESS.	MINS.  GASTO DOTAL  GASTO  GA	INYO  IOS. CITY  BISH  OB. CLATH  YE  97  109. BIOPI  VE  111. USEO  VE  DENTERIT  996  10. BISHO  3. PLACE OF 1	OP  REPORTED TO CO  SERVE DATE NUMBER  -99A  SY PERFORMED  X  S X  IN DETERMINING O  S  DATE M M / O D  / 27/1997  935  OP, CALIF
CAUSE OF DEATH  PHYSI-CIAN'S CERTIFICATION  CORONER'S USE	NORTHERN IN  103. STREET ADDRESS-  150 PIONEER  107. DEATH WAS CAUSE  IMMEDIATE CAUSE  IAI  DUE TO IDI  112. OTHER SIGNIFICAN  DIABETES ME  113. WAS OPERATION F  CORONARY AR  114. LERRIEV THAT TO ECCEDITA ATTENDED SINCE WM .OD / CC YV  12/17/1991  I CERTIEV THAT IN OCCUPRED AT THE STATED FROM THE  119. MANNER OF DEATH X NATURAL SUICE ACCIDENT INVE	ACUTE M  CORONAR  ATHEROS  ATH	TTAL NUMBER OR PONLY ONE C  TYOCARDIA  TYOCA	IDZ. IF MOSPILINE IN X ELOCATION  AUSE PER LINE F  AL. INFARCT  Y DISEASE  C VASCULAF  ING TO DEATH BU  ENT URINAF  ITION IN ITEM 107  AFT/-/  115. BIGNATURE    ID   ID   ID    ITEM 107  AFT -/-/  ITEM 107  ITEM 1	TAL SPECIFY ONE:  R/OP DOA  OR A. B. C. AND DI  TION  TION  DISEASE  TY NOT RELATED TO C.  TY TRACT INF.  OR 1121 IF YES. LIS  TY TRACT INF.  OR 1121 INJURY DAY  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AUBE GIVEN IN THE CONTROL OF THE CON	VIRAL ETER 1  ADDRESS.  PORTS  PORTS  ADDRESS.  PORTS  ADDRESS.  PORTS  ADDRESS.  PORTS  ADDRESS.	MINS.  GASTO DOTAL  GASTO  GA	INYO  IOS. CITY  BISH  OB. CLATH  YE  97  109. BIOPI  VE  111. USEO  VE  DENTERIT  996  10. BISHO  3. PLACE OF 1	OP  REPORTED TO CO  SERVE DATE NUMBER  -99A  SY PERFORMED  X  S X  IN DETERMINING O  S  DATE M M / O D  / 27/1997  935  OP, CALIF
CAUSE OF DEATH  PHYSI-CIAN'S CERTIFICATION  CORONER'S USE	NORTHERN IN  103. STREET ADDRESS-  150 PIONEER  107. DEATH WAS CAUSE  IMMEDIATE CAUSE  IAI  DUE TO IDI  112. OTHER SIGNIFICAN  DIABETES ME  113. WAS OPERATION F  CORONARY AR  114. LERRIEV THAT TO ECCEDITA ATTENDED SINCE WM .OD / CC YV  12/17/1991  I CERTIEV THAT IN OCCUPRED AT THE STATED FROM THE  119. MANNER OF DEATH X NATURAL SUICE ACCIDENT INVE	ACUTE M  CORONAR  ATHEROS  ATH	TTAL NUMBER OR PONLY ONE C  TYOCARDIA  TYOCA	IDZ. IF MOSPILINE IN X ELOCATION  ALL INFARCT  Y DISEASE  C VASCULAF  ING TO DEATH BU  ENT URINAF  ITION IN ITEM 10:  AFT/-/  115. SIGNATURE  NICKOLINE  124. DESCRIBE  DN AND CITY, ZIP:	TAL SPECIFY ONE:  R/OP DOA  OR A. B. C. AND DI  TION  TION  DISEASE  TY NOT RELATED TO C.  TY TRACT INF.  OR 1121 IF YES. LIS  TY TRACT INF.  OR 1121 INJURY DAY  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	AUBE GIVEN IN THE OF OFFI	VIRAL ETER 1  ADDRESS.  PONICH RESU	INE INTERVAL  IN	INYO  IOS. CLATH  BISH  108. CLATH  YE  97  109. BIOPI  110. AUTO  YE  DENTERIT  996  10. 117.  10. BISHO  3. PLACE OF 1	OP  REPORTED TO CO  SERVE DATE NUMBER  -99A  SY PERFORMED  X  S X  IN DETERMINING O  S  DATE M M / O D  / 27/1997  935  OP, CALIF
CAUSE OF DEATH  PHYSI-CIAN'S CERTIFICATION  CORONER'S USE	NORTHERN IN  103. STREET ADDRESS-  150 PIONEER  107. DEATH WAS CAUSE  IMMEDIATE CAUSE  IAI  DUE TO (D)  112. OTHER SIGNIFICAN  DIABETES ME  113. WAS OPERATION F  CORONARY AF  114. LERRIFY THAT TO  SOUR STATED  DECEGINA ATTENDED SINCE WM . OD / CC Y  12/17/1991  1 CERTIFY THAT IN  STATED FROM THE  119. MANNER OF DEATH  X NATURAL  SUIC  ACCIDENT INVE	ACUTE M  CORONAR  ATHEROS  ATH	TTAL NUMBER OR PONLY ONE C  TYOCARDIA  TYOCA	IDZ. IF MOSPILINE IN X ELOCATION  ALL INFARCT  Y DISEASE  C VASCULAF  ING TO DEATH BU  ENT URINAF  ITION IN ITEM 10:  AFT/-/  115. SIGNATURE  NICKOLINE  124. DESCRIBE  DN AND CITY, ZIP:	TAL SPECIFY ONE:  R/OP DOA  OR A. B. C. AND DI  TION  TION  DISEASE  TY NOT RELATED TO C.  TY TRACT INF  OR 1121 IF YES. LIS  TY TRACT INF  OR 1121 INJURY DA  NO  NO  HOW INJURY OCCURR	AUBE GIVEN IN THE OF OFFI	VIRAL ETER 1  ADDRESS.  PONICH RESU	INE INTERVAL  IN	INYO  IOS. CLATH  BISH  108. CLATH  YE  97  109. BIOPI  110. AUTO  YE  DENTERIT  996  10. 117.  10. BISHO  3. PLACE OF 1	OP REPORTED TO CO SETINAL NUMBER -99A SY PERFORMED SY PERFORMED STATE M M / O D. /27/1997 935 DP, CALIF
CAUSE OF DEATH  PHYSI- CIAN'S CERTIFICA- TION  CORONER'S USE ONLY	NORTHERN IN  103. STREET ADDRESS-  150 PIONEER  107. DEATH WAS CAUSE  IMMEDIATE CAUSE  IAI  DUE TO (D)  112. OTHER SIGNIFICAN  DIABETES ME  113. WAS OPERATION F  CORONARY AF  114. LERRIFY THAT TO  SOUR STATED  DECEGINA ATTENDED SINCE WM . OD / CC Y  12/17/1991  1 CERTIFY THAT IN  STATED FROM THE  119. MANNER OF DEATH  X NATURAL  SUIC  ACCIDENT INVE	ACUTE M  CORONAR  ATHEROS  ATH	TTAL NUMBER OR PONLY ONE C  TYOCARDIA  TYOCA	IDZ. IF MOSPILINE IN X ELOCATION  ALL INFARCT  Y DISEASE  C VASCULAF  ING TO DEATH BU  ENT URINAF  ITION IN ITEM 10:  AFT/-/  115. SIGNATURE  NICKOLINE  124. DESCRIBE  DN AND CITY, ZIP:	TAL SPECIFY ONE:  R/OP DOA  OR A. B. C. AND DI  TION  TION  DISEASE  TY NOT RELATED TO C.  TY TRACT INF  OR 1121 IF YES. LIS  TY TRACT INF  OR 1121 INJURY DA  NO  NO  HOW INJURY OCCURR	AUBE GIVEN IN THE OF OFFI	VIRAL ETER 1  ADDRESS.  PONICH RESU	MINS.  GASTO DOTAL  GASTO  GASTO	INYO  IOS. CLATH  BISH  108. CLATH  YE  97  109. BIOPI  110. AUTO  YE  DENTERIT  996  10. 117.  10. BISHO  3. PLACE OF 1	OP REPORTED TO CO SETINAL NUMBER -99A SY PERFORMED SY PERFORMED STATE M M / O D. /27/1997 935 DP, CALIF
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CERTIFIED COPY OF VITAL RECORDS

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This is a true and exact reproduction of the document officially registered and placed on file in the office of the INYO COUNTY HEALTH AND HUMAN SERVICES.

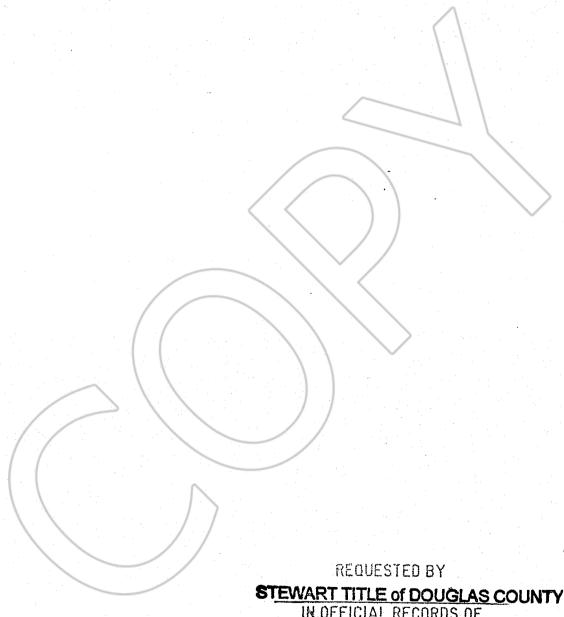
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LINDA SLATER RECORDER

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