

151 APN 1320-29-410-034

RECORDING REQUESTED BY

REQUESTED BY  
Evelyn Wardlow  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

AND WHEN RECORDED MAIL THIS DEED TO:

2004 JUL 29 AM 9:25

WERNER CHRISTEN  
RECORDER

\$1500 PAID CF DEPUTY

NAME EVELYN WARDLOW  
STREET ADDRESS 9631 TALBERT AV.  
CITY, STATE & ZIP CODE FOUNTAIN VALLEY, CA. 92708  
TITLE ORDER NO. \_\_\_\_\_ ESCROW NO. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA  
COUNTY OF DOUGLAS CO

EVELYN WARDLOW of legal age, being first duly sworn, deposes and says:  
That LLOYD WARDLOW, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LLOYD WARDLOW named as one of the parties in that certain PROPERTY dated JUNE 21, 1900, executed by FIRST CENTENNIAL TITLE CO OF NEVADA to LLOYD + EVELYN WARDLOW as joint tenants, recorded as Instrument No. 228525, on JUNE 21, 1900, in Book 690, Page 2808, of the Official Records in the Office of the County Recorder of DOUGLAS County, State of NEV, concerning the following described real property situated in the City of MINDEN, County of DOUGLAS CO, State of NEVADA

LOTS 13, 14, 15, 16 AND THE EAST HALF OF LOT 17, IN BLOCK H AS SHOWN ON THE AMENDED MAP OF WEST ADDITION OF THE TOWN OF MINDEN, DOUGLAS COUNTY, NEVADA, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEV. ON APRIL 5, 1915

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ 72,000.00.

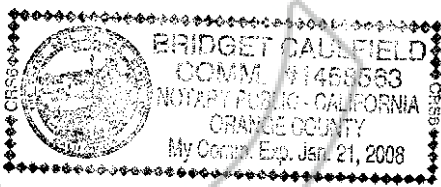
Dated MAY 5, 04.

Evelyn Wardlow  
(SIGNATURE OF JOINT TENANT)

EVELYN WARDLOW  
(TYPE OR PRINT FULL NAME OF JOINT TENANT)

\_\_\_\_\_  
(SIGNATURE OF JOINT TENANT)

\_\_\_\_\_  
(TYPE OR PRINT FULL NAME OF JOINT TENANT)



(SEAL)

SUBSCRIBED AND SWORN TO BEFORE ME  
this 5 day of MAY, 2004.

Bridget Caulfield  
(SIGNATURE OF NOTARY)

MAIL TAX STATEMENT TO: EVELYN WARDLOW - 9631 TALBERT AV. - FOUNTAIN VALLEY, CA 92708

Before you use this form, read it, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.



BK 0704 PG 12401  
0620000

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF ORANGE**  
**HEALTH CARE AGENCY**

1200 N. MAIN STREET, SUITE 100-A  
SANTA ANA, CA 92701

**CERTIFICATE OF DEATH**

3 200330 006119

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) Lloyd		2. MIDDLE Richard	
3. LAST (Family) Wardlow		4. DATE OF BIRTH (month/day/year) 02/08/1920	
5. AGE (Years) 83		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 1781	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) Married	
13. EDUCATION - Highest Level Completed (see instructions on back) Some College		14. WAS DECEDENT SPANISH/Hispanic/LATINO? (If yes, see instructions on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back) Caucasian		7. DATE OF DEATH (month/day/year) 05/01/2003	
16. HOURS (24 hours) 2015		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
Machinist		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) Welding	
19. YEARS IN OCCUPATION 30		20. DECEDENT'S RESIDENCE (Street and number or location) 9631 Talbert Ave.	
21. CITY Fountain Valley		22. COUNTY/TOWNSHIP Orange	
23. ZIP CODE 92708		24. YEARS IN COUNTY 83	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP Miriam E. Wardlow - Wife	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 9631 Talbert Ave., Fountain Valley, CA 92708		28. NAME OF SURVIVING SPOUSE - FIRST Miriam	
29. MIDDLE Evelyn		30. LAST ( Maiden Name) Parkey	
31. NAME OF FATHER - FIRST James		32. MIDDLE Ray	
33. LAST Wardlow		34. BIRTH STATE CA	
35. NAME OF MOTHER - FIRST Myrtle		36. MIDDLE Adeline	
37. LAST ( Maiden) Clark		38. BIRTH STATE MO	
39. DISPOSITION DATE (month/day/year) 05/10/2003		40. PLACE OF FINAL DISPOSITION Long Beach Municipal Cemetery, Long Beach, CA 90806	
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF REGISTRAR <i>[Signature]</i>	
43. LICENSE NUMBER FD 1193		44. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
45. LICENSE NUMBER 8563		46. DATE (month/day/year) 05/07/2003	
101. PLACE OF DEATH Huntington Valley Care Center		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ED/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	
103. COUNTY Orange		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 8382 Newman Ave.	
105. CITY Huntington Beach		106. OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Home <input type="checkbox"/> Home <input type="checkbox"/> Other	
107. CAUSE OF DEATH Enter the chain of events - symptoms, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without specifying the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) Cardiac Arrest Underlying Cause (Cause of death or injury that initiated the events resulting in death) End stage Liver Cirrhosis - alcohol related 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 None		108. DEATH REPORTED TO CORONER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> 109. BODYPY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> 110. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> 111. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) No		114. IF FEMALE, PRENANT IN LAST YEAR? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED. - Decedent Attended Since - Decedent Last Seen Alive		116. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	
117. LICENSE NUMBER 20A6427		118. DATE (month/day/year) 05/06/2003	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Vincent Nguyen, DO, 3130 S. Harbor Blvd., Santa Ana, CA 92702		120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
121. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		122. INJURED AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE (month/day/year)		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		PAX AUTH. #	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS



001524589

STATE OF CALIFORNIA }  
COUNTY OF ORANGE

SS

DATE ISSUED MAY 21 2004

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

*[Signature]*  
MARK B. HORTON, M.D.  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA

0620000

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

BR0704PG12402

