

WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

Bruce C. Engelmann
2747 Pasatiempo Glen
Escondido, CA. 92025

Order No. _____
Escrow No. 421089
Loan No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA }
County of Orange } ss.

421089

"Eric" Engelmann
Bruce Christian Engelmann & George / _____, of legal age, being first duly sworn, deposes and says:
That George Christian Engelmann _____, the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as George C. Engelmann
named as one of the parties in that certain Deed _____ dated September 8, 1980
executed by George C. Engelmann
to George C. Engelmann, Bruce Christian Engelmann, his son, and George "Eric" Engelmann,
his son
as joint tenants, recorded as Instrument No. 69768 on Sept. 15, 1980 in
Book 39, Page 433 of Official Records of Lincoln County,
covering the following described property situated in the County of Lincoln, State of Nevada
TOWNSHIP 4 SOUTH, RANGE 55 EAST, MDB&M
Section 5: S $\frac{1}{2}$ NW $\frac{1}{4}$; SW $\frac{1}{4}$
Section 8: N $\frac{1}{2}$ NW $\frac{1}{4}$

Dated: 10-10-95

Bruce C. Engelmann
Bruce Christian Engelmann
George "Eric" Engelmann
George "Eric" Engelmann

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

this 10th day of October, 1995
WITNESS my hand and official seal.

Signature Jon M. Polentz
Jon M. Polentz
Name (Typed or Printed)



Lincoln County

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

3-93-30-013194

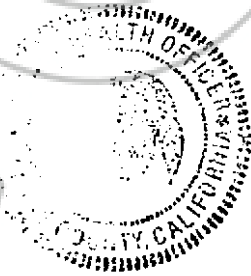
STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF DECEDENT—FIRST GIVEN George		1B MIDDLE Christian	1C LAST (FAMILY) Engelmann
2A DATE OF DEATH—MO. DAY, YR., 2B HOUR		3 SEX	
11/20/1993		2240 M	
4 RACE		5 HISPANIC—SPECIFY	
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6 DATE OF BIRTH—MO DAY YR.		7 AGE IN YEARS MONTHS DAYS	
02/26/1917		76	
8 STATE OF BIRTH		9 CITIZEN OF WHAT COUNTRY	
MO		U.S.A.	
10A FULL NAME OF FATHER		10B STATE OF BIRTH	
George C. Engelmann		MO	
11A FULL MAIDEN NAME OF MOTHER		11B STATE OF BIRTH	
Grace Mayer		MO	
12 MILITARY SERVICE		13 SOCIAL SECURITY NO.	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NONE		[REDACTED]	
14 MARITAL STATUS		15 NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME	
Divorced		None	
16A USUAL OCCUPATION		16B USUAL KIND OF BUSINESS OR INDUSTRY	
INDUSTRIAL ENGINEER		PRECISION MFG.	
16C USUAL EMPLOYER		16D YEARS IN OCCUPATION	
MASONNIELAN		48	
17 EDUCATION—YEARS COMPLETED		18A RESIDENCE—STREET AND NUMBER OR LOCATION	
14		1324 E. Palm	
18B CITY		18C ZIP CODE	
Orange		92666	
18D COUNTY		18E NUMBER OF YEARS IN THIS COUNTY	
Orange		34	
18F STATE OR FOREIGN COUNTRY		20 NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT	
California		Bruce C. Engelmann - Son 2747 Pasatiempo Glen Escondido, CA 92025	
19A PLACE OF DEATH		19B IF HOSPITAL, SPECIFY ONE IF ER/OR DOA	
FHP WESTMINSTER-SKILLED NURSING FACILITY		ORANGE	
19C COUNTY		19D STREET ADDRESS—STREET AND NUMBER OR LOCATION	
ORANGE		206 HOSPITAL CIRCLE	
19E CITY		19F CITY	
WESTMINSTER		WESTMINSTER	
21 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22 WAS DEATH REPORTED TO CORONER BETWEEN ONSET AND DEATH?	
IMMEDIATE CAUSE (A) HEPATIC INSUFFICIENCY		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) HEPATOMA		23 WASopsy PERFORMED?	
DUE TO (C)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
23 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		24 WAS IT USED IN DETERMINING CAUSE OF DEATH?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 23? IF YES, LIST TYPE OF OPERATION AND DATE.		26. DATE SIGNED	
NO		11/22/93	
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		27B SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	
27A DECEDENT ATTENDED SINCE DECEASED LAST BEEN ALIVE MONTH, DAY, YEAR		H. JAVAHERI M.D.	
11/17/1993		27C CERTIFIER'S LICENSE NUMBER	
11/20/1993		A-34459	
27E TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27D DATE SIGNED	
206 HOSPITAL CIRCLE., WESTMINSTER, CA		11/22/93	
27F SIGNATURE OF LOCAL REGISTRAR		28B. DATE SIGNED	
A. B. Wagon, M.D. Registrar		NOV 23 1993	
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		29 MANNER OF DEATH—USE IN BLUE INK! UNLESS NEEDED: IMPROVING INVESTIGATION IF CAUSE NOT DETERMINED	
[REDACTED]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
29A. PLACE OF INJURY		30B INJURY AT WORK	
[REDACTED]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30C DATE OF INJURY MONTH, DAY, YEAR		31 HOUR	
[REDACTED]		[REDACTED]	
32 LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33 DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
[REDACTED]		[REDACTED]	
34A. DISPOSITIONS		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	
CR/RES		2747 PASATIEMPO GLEN ESCONDIDO, CA	
34C. DATE MO. DAY, YR.		34D. SIGNATURE OF EMBALMER	
11/23/1993		NOT EMBALMED	
34E. LICENSE NO.		34F. LICENSE NO.	
NONE		NONE	
35A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		35B. LICENSE NO.	
BROWN COLONIAL MORTUARY		FD-59	
35C. SIGNATURE OF LOCAL REGISTRAR		35D. REGISTRATION DATE	
[REDACTED]		NOV 23 1993	
35E. STATE REGISTRAR		35F. BUS TRAC	
A.		B0CK 115 PAGE 448	

COUNTY OF ORANGE
HEALTH CARE ACCOUNT
PUBLIC HEALTH'S MEDICAL RECORDS
SANTA ANA, CALIFORNIA

This is to certify that the
with the local Health
County Santa Ana
is a true and correct
record.

G. A. Wagner

G. A. Wagner, M.D.
Health Officer, Santa Ana
County and Chairman, Health



DATE NOV 24 1983

COPY

104118

First American Title

October 23, 1995

7:50 MINUTES PAST 10.0

115 OF 115

447

Yuriko Setzer

By Julie Brucher, deputy