

RECORDING REQUESTED BY:

KAYE E. HAMBLETON

WHEN RECORDED RETURN TO:

KAYE E. HAMBLETON
ATTORNEY AT LAW
7777 Alvarado Rd., No. 269
La Mesa, CA 91941

No. 109390

filed and recorded at request of
Kaye E. Hambleton

July 17, 1997

At 1 minutes past 1 O'clock p.m.
Lincoln County Nevada Recorder.

Kaye E. Hambleton
COUNTY RECORDER

This space for Recorder's Use only

A.P.N. 9-011-59

State of California)

County of San Diego)

ss.

AFFIDAVIT - DEATH OF JOINT TENANT

GERALD L. BOTTROFF, of legal age, being first duly sworn, deposes and says:

That CHARLES RUDOLPH BOTTROFF, the decedent mentioned in the attached certified copy of certificate of death is the same person as CHARLES R. BOTTROFF SR., named as one of the parties in that certain Quitclaim Deed dated April 13, 1995 executed by CHARLES R. BOTTROFF SR. and CHARLES E. WALKER, to CHARLES R. BOTTROFF SR., CHARLES E. WALKER, CHARLES R. BOTTROFF JR., AND GERALD L. BOTTROFF, as joint tenants, recorded as instrument number 103845 on August 14, 1995, in the official records of Lincoln County, Nevada, covering the following described property situated in the county of Lincoln, State of Nevada:

Dunbarton patented mill site, Mineral Survey Lot no. 42 B, containing five (5) acres, located in Sections 1 and 12, T.3 S. 55 E.

Dated: 7-11-97

Gerald L. Bottroff
GERALD L. BOTTROFF

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State, this 11th day of July, 1997



WITNESS my hand and official seal.

Signature *Kaye E. Hambleton*

AFFIDAVIT - DEATH OF JOINT TENANT

Mail Tax Information to: Gerald L. Bottroff, 4504 71st St., La Mesa, CA 91942.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO
CERTIFICATE OF DEATH

STATE FILE NUMBER		VITAL BLANK ONE ONLY - REPRODUCED, UNCHANGED OR ALTERATIONS MAY 11, 1977, 1-1002		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (LAST)		A. SURNAME		B. LAST (FIRST)	
Charles		Rudolph		Bottroff	
A. DATE OF BIRTH MM/DD/YYYY		B. AGE YRS.		C. SEX	
11/26/1913		83		M	
D. DATE OF DEATH MM/DD/YYYY		E. HOUR		F. TIME	
04/15/1997		0725			
8. SEX		10. SPECIAL OCCUPATION		11. MILITARY SERVICE	
MA				None	
14. RACE		15. HIGHEST GRADE		16. MARITAL STATUS	
Caucasian		8		Widowed	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
Mechanic Service Mgr.		Automotive		35	
20. RESIDENCE - STREET AND NUMBER OR LOCATION					
4504 71st Street					
21. CITY		22. COUNTY		23. ZIP CODE	
La Mesa		San Diego		91941	
24. NAME, RELATIONSHIP					
Lawrence Bottroff; Son					
25. NAME OF DECEASED - FIRST (LAST)					
11595 Eucalyptus Dr., Lakeside, CA 92040					
26. NAME OF FATHER - FIRST		27. MIDDLE		28. LAST	
Charles		Mutchens		Bottroff	
29. NAME OF MOTHER - FIRST		30. MIDDLE		31. LAST	
Josie		Mary		Fisher	
32. DATE B.M./D./C.Y.		33. PLACE OF BIRTH			
04/18/1997		Lawrence Bottroff; Son - 11595 Eucalyptus Dr., Lakeside, CA 92040			
41. TYPE OF DEPOSITION		42. SIGNATURE OF SIGNIFIER		43. LICENSE NO.	
CR/RES		Not Embalmed			
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. DATE H.M./D./C.Y.	
Greenwood Mortuary		7-843		04/17/1997	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY BUILDING		103. FACILITY OTHER THAN HOSPITAL	
San Diego Hospice				San Diego	
104. STREET ADDRESS - STREET AND NUMBER OR LOCATION		105. CITY		106. COUNTY	
4311 Third Avenue		San Diego		San Diego	
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE (A)		DAYS		108. DEATH REPORTED TO CORONER	
Acute Renal Failure		3 Yrs.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO (B)		YEARS		109. SHIRT PERFORMED	
End Stage Renal Disease (Dialysis Dependent)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO (C)				110. AUTOPSY PERFORMED	
Polycystic Kidneys				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO (D)				111. USED IN DETERMINED CAUSE	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
HTN; Squamous Cell CA of Mouth Metastatic to the Lung; CVA; Dementia					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN 107 OR 112? YES, LIST TYPE OF OPERATION AND DATE.					
Placement of Dialysis Grafts (Dates Unknown)					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE PLACE, DATE, AND PLACE STATED FROM THE CORNER STATED.		115. SIGNATURE AND TITLE OF CORNER		116. LICENSE NO.	
DECLARANT ATTENDING PHYSICIAN (SIGNATURE) LAST BEEN NAME		Frances Philley, M.D.		6015263	
MM/DD/YYYY		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, BY		118. DATE H.M./D./C.Y.	
04/09/1997		4311 Third Avenue, San Diego, CA 92103		04/16/1997	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CORNER STATED.		120. MARRY AT WORK		121. MARRY DATE H.M./D./C.Y.	
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
122. MANNER OF DEATH		123. PLACE OF INJURY			
NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					
ACCIDENT <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER <input type="checkbox"/>		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE H.M./D./C.Y.		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
				ROSELYN ROSS, M.D. REGISTRAR OF VITAL RECORDS County of San Diego	
STATE - REGISTRAR		FAR AUTH. #		CENRMR TRACT	
		9705913			

A0006526

County of San Diego - Department of Health Services - 2254 Reservoir Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: April 16, 1997

ROSELYN ROSS, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

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

