I was acquainted with the nature and extent of the property owned by the said Roy Neal at the time of his death, and owned in joint tenancy with full right of survivorship, or transferred or conveyed at any time within two years prior to the time of his death without a full and adequate consideration being paid therefor, and know that the total value of all such property did not exceed the sum of $1000.00.

I further state that I am in no way interested in the title to any of the real estate affected by this affidavit, but make this affidavit for the purpose of establishing of record the facts above set forth and at the request of the present owners of said real estate.

J. W. Severns

Subscribed in my presence and Sworn to before me by the said affiant this 27 day of October A. D. 1951. NOTARIAL SEAL

Harry F. Anderson Notary Public

Arling E. Smith To The Public — #7336 — Fee $1.00

Filed for record the 31 day of October A. D. 1951 at 3:15 o'clock P. M.
Wilma M. Wade, Recorder

AFFIDAVIT

STATE OF IOWA MADISON COUNTY) SS.

I, Arling E. Smith, Madison County, Iowa, being first duly sworn on oath, depose and say:

That I am now and have been for more than seven (7) years last past acquainted with Laura Jane Cason and Daniel Oscar Shaver, purchasers under a contract of Lot Two (2), Block Three (3), Railroad Addition to the Town of Winterset, Madison County, Iowa; and I know of my own personal knowledge that wherever in the chain of title to said real estate the name Laura Cason, Laura J. Cason, or Laura Jane Cason appears, the same refers to one and the same identical person, and wherever in the chain of title to said real estate the name D. O. Shaver or Daniel Oscar Shaver appears, the same refers to one and the same identical person. That I have no interest in said real estate other than to establish of record the facts hereinbefore stated.

Arling E. Smith

Subscribed and sworn to before me and in my presence this 31st day of October, A. D. 1951. NOTARIAL SEAL

Jno. N. Hartley Notary Public in and for Madison County, Iowa.

Los Angeles County Health Officer et al To The Public — #7369 — Fee $ 1.80

Filed for record the 1 day of November A. D. 1951 at 3:30 o'clock P. M.
Wilma M. Wade, Recorder

CERTIFIED COPY
CERTIFICATE OF DEATH

Registration District No. 1907 — Registrar's Number 389 — State File No. -

DECEDENT PERSONAL DATA (Type or Print Name)

1A NAME OF DECEASED-First Name	1B Middle Name	1C Last Name	DATE OF DEATH 2A Month Day Year	2B Hour
EDNA	ELWIRA	EIS	April 9 1951	9:50 A.M.

3. SEX	4 COLOR OR RACE	5. Married, Never Married, Widowed, Divorced?	6. DATE OF BIRTH
Female	Caucasian	Widowed	Sept. 13, 1869

7. AGE (Last Birthday) 81 Years — If Under 1 Year Months - Days - If Under 24 Hours Hours- Minutes-

8A USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife

8B KIND OF BUSINESS OR INDUSTRY Own home

9. BIRTHPLACE (State or Foreign Country) Iowa

10. CITIZEN OF WHAT COUNTRY? U.S.A.

11. NAME AND BIRTHPLACE OF FATHER Lewis Stigers-Ohio

12. MAIDEN NAME AND BIRTHPLACE OF MOTHER Elizabeth Bunker-Penna.

13. NAME OF SPOUSE (If Married) -

14. WAS DECEASED EVER IN U. S. ARMED FORCES? Specify Yes, No, Unknown No If Yes, Give War or Dates of Service -

15. SOCIAL SECURITY NUMBER None

16. INFORMANT Darlene L. Eis 4115 Edenhurst, Los Angeles

PLACE OF DEATH

17A. PLACE OF DEATH - City Or Town (If Outside Corporate Limits, Write Rural And Name of Nearest Town) Glendale

17B. LENGTH OF STAY (In This Place) 9 mons. 13 days

17C COUNTY Los Angeles

17D FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION-(If Not In Hospital or Institution, Give Street Address or Location) Laurel Sanitarium 200 West Laurel Glendale

USUAL RESIDENCE (Where Deceased Lived) (If Institution, Residence Before Admission)

18A. STREET ADDRESS (If Rural, Give Location) 4115 Edenhurst

18B. CITY OR TOWN (If Outside Corporate Limits, Write Rural and Name Of Nearest Town) Los Angeles

18C.COUNTY Los Angeles 18B.STATE California

CAUSE OF DEATH (Enter Only One Cause Per Line For (A), (B) and (C)
This Does Not Mean The Mode Of Dying Such As Heart Failure, Asthenia, Etc. It Means The Disease, Injury Or Complications Which Caused Death.
19I.DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Senility — Approximate Interval Between Onset And Death

ANTECEDENT CAUSES Morbid Conditions, If Any, Giving Rise To The Above Cause (A) Stating The Underlying Cause Last.
DUE TO (B) Generalized Arteriosclerosis
DUE TO (C) -

19II.OTHER SIGNIFICANT CONDITIONS Conditions Contributing To The Death But Not Related To The Disease Or Condition Causing Death -

OPERATIONS
20A.DATE OF OPERATION - 20B.MAJOR FINDINGS OF OPERATION - 21.AUTOPSY Yes - No √

DEATH DUE TO EXTERNAL VIOLENCE
22A.ACCIDENT - SUICIDE - HOMICIDE - (Specify) 22B. PLACE OF INJURY (E.G. In Or About Home, Farm, Factory, Street, Office Building, Etc.) -
22E. INJURY OCCURRED While At Work - Not While At Work -
22C.LOCATION City or Town - County - State - 22D. TIME OF INJURY Month - Day - Year - Hour -M.
22F. HOW DID INJURY OCCUR? -

PHYSICIAN'S OR CORONER'S CERTIFICATION
23A. Coroner's: I Hereby Certify That I Have Held An -Autopsy, -Inquest, Or - Investigation On The Remains Of The Deceased And Find That The Deceased Came To Death At The Hour And Date Stated Above -

23B. Physician's: I Hereby Certify That I Attended The Deceased From 3/8 1951 to 4/9 1951 That I Last Saw The Deceased Alive On 4/9 1951 And That Death Occurred From The Causes And At The Hour And Date Stated Above.

23C. SIGNATURE Degree or Title Frank Shear M.D. 23D. ADDRESS Los Angeles 3121 Glendale Blvd. 23E. DATE SIGNED 4/10/51

FUNERAL DIRECTOR AND REGISTRAR 3cc
24A. xx Burial -Cremation - Removal 24B.DATE 4-13-51 24C.CEMETERY OR CREMATORY Forest Lawn Cemetery

25. SIGNATURE OF EMBALMER License Lumber Roy R. Jerome 3343 26. FUNERAL DIRECTOR FOREST LAWN MEMORIAL PARK ASSOCIATION, INC. GLENDALE, CALIF.

27. DATE RECEIVED BY LOCAL REGISTRAR APR 13 1951 28. SIGNATURE OF LOCAL REGISTRAR Roy O. Gilbert M. D. By Barbara R. Cozad

STATE OF CALIFORNIA (COUNTY HEALTH OFFICER SEAL) DEPARTMENT OF PUBLIC HEALTH

LOS ANGELES COUNTY HEALTH DEPARTMENT
DIVISION OF VITAL RECORDS
CERTIFICATION NO. 255298

This is to certify that the attached is a full, true and correct copy of the Certificate of Death of (Birth-Death) Edna Elvira Eis (Full Name) which is on file in this office and of which I am legal custodian.

In testimony whereof, I have hereunto set my hand and affixed my seal of office this 16th day of April, 1951.

Fee 1.00
(P) 31428B
1907-389

ROY O. GILBERT, M.D., County Health Officer and Registrar of Vital Statistics
By Mae Morris
(COUNTY HEALTH OFFICER SEAL) Deputy Registrar of Vital Statistics

COMPARED

Shirley A. Webster To The Public

#7538
Fee $1.00 ✓

Filed for record the 10 day of November A. D. 1951 at 9:30 o'clock A. M.
Wilma M. Wade, Recorder

AFFIDAVIT

State of Iowa, Madison County) ss:

I, Shirley A. Webster, of said county and state, being first duly sworn on oath depose and say that I have been a resident of Madison County, Iowa, for more than 10 years last past, and am well and personally acquainted with the persons hereinafter named, and that wherever in the chain of title to the W½ of Lot 3 and E½ of Lot 4 in Block 4 of Laughridge & Cassiday's Addition to the town of Winterset, in said county, the names Lenora Fox, Lenore Fox, and LeNore Fox appear, they all refer to one and the same person, and that wherever in said chain of title the names C. B. Luginbuhl and O. B. Luginbuhl appear, they refer to one and the same identical person.

I further state that I am in no way interested in the title to the above described real estate, but make this affidavit at the request of the present owner thereof for the