

99146

DECLARATION UNDER PROBATE CODE Section 630

1  
2 Ann M O'Connell hereby declares:

3 1. ANN M O'CONNELL died on 9/3/84  
4 leaving no real property or interest in or lien on real property  
5 in the State of California. The total value of decedent's estate  
6 does not exceed \$20,000, exclusive of any amounts due decedent  
7 for service in the Armed Forces of the United States, exclusive  
8 of \$3,000 salary, including compensation for unused vacation owing  
9 to decedent from decedent's employment, and exclusive of any motor  
10 vehicle.

11 2. Decedent left surviving the following sole beneficiary  
12 or beneficiaries under decedent's will:

13 ANNA M O'CONNELL  
14 1125 - E. Columbia  
15 Pomona Ca 91767

16  
17  
18  
19 3. No probate proceedings have taken place or are now in  
20 progress in decedent's estate.

21 4. Declarant is entitled to collect and receive the entire  
22 estate without probate of will under California Probate Code  
23 section 630.

24  
25  
26 5. Declarant hereby requests that the following property  
27 which is in decedent's name be transferred to declarant:

1 Commencing at the Northeast corner of said Lot 3; thence North 89°  
2 50' West along the North line of said Lot 3 a distance of 533.45  
3 feet; thence South 0°5' West a distance of 660.0 feet to the true  
4 point of beginning; thence South 0°5' West 330.0 feet; thence North  
5 80°50' West a distance of 533.61 feet to a point on the West line  
6 of said Lot 3; thence along said line North 330.0 feet; thence  
7 South 89°50' East a distance of 533.78 feet to the true point of  
8 beginning.

9 The Northwest 1/4 of the Northwest 1/4 known as Lot 4 of Section 5,  
10 Township 30 North, Range 49 East, M.D.B.M., as per government survey  
11 RESERVING THEREFROM an easement of 30 feet along all boundaries for  
12 ingress and egress, with power to dedicate.

13 I declare under penalty of perjury that the above is true  
14 and correct and that this declaration was executed on 4/18/85  
15 \_\_\_\_\_ at CLAREMONT, California.

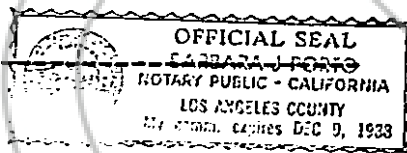
16 Anna M O'Connell

17 STATE OF CALIFORNIA  
18 COUNTY OF LOS ANGELES

19 ON THIS 17TH DAY OF APRIL, IN THE YEAR OF 1985  
20 BEFORE ME, PERSONALLY APPEARED ANNA M O'CONNELL  
21 PERSONALLY KNOWN TO ME TO BE THE PERSON WHOSE  
22 NAME IS SUBSCRIBED TO THIS INSTRUMENT, AND  
23 ACKNOWLEDGED THAT SHE EXECUTED IT.

24 Barbara J. Porto  
25 -----  
26 NOTARY

27 SEAL



28 MY COMMISSION EXPIRES DECEMBER 9, 1988

Affadavit of  
Domicile, Debts  
and Distribution

Prudential-Bache Securities Inc.

State of CALIFORNIA )  
County of LOS ANGELES ) SS

ANNA M O'CONNELL, being duly sworn, deposes and  
says that he/she resides at 1125-E COLUMBIA POMONA

State of CALIFORNIA, and is the ~~XXXXXX~~ Surviving Tenant  
RAYMOND W O'CONNELL Deceased, who died at FONTANA  
on the 3RD day of SEPTEMBER, 19 84; at the time of his/her  
death the domicile (legal residence) of said decedent was at 1125 E COLUMBIA  
POMONA, county of LOS ANGELES, State of CALIFORNIA;  
that decedent resided at such address for 19 years, such residence having  
commenced on JANUARY 25, 19 65; that decedent last voted in  
the year 1984 at POMONA, County of  
LOS ANGELES, State of CALIFORNIA. The decedent's most recent

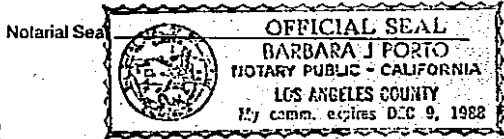
Federal income tax return showed his/her legal residence as 1125 E COLUMBIA  
POMONA, county of LOS ANGELES State of  
CALIFORNIA, that within three years prior to death decedent  
~~was~~ was not a resident of another state (if decedent resided in another state within  
three years prior to death, set forth the name of the state and facts as to change of  
residence and establishment of final domicile);

that any and all debts, taxes and claims against the estate have been paid or provided  
for; that affidavit is made for the purpose of securing the transfer or delivery of  
property owned by decedent at the time of his/her death to a purchaser or the person  
or persons legally entitled thereto under the laws of decedent's domicile and that any  
apparent inequality in distribution has been satisfied or provided for out of other assets  
in the estate. The attached shares were physically located at the time of death in the  
city of POMONA, State of CALIFORNIA

Anna M O'Connell  
Execut ANNA M O'CONNELL  
Administra  
Survivor

Sworn to (or affirmed) before me this 17TH My Commission expires DECEMBER 9, 1988  
day of APRIL, 19 85

Barbara J Porto  
Give official capacity of official administering oath.



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**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

2000

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH—MONTH, DAY, YEAR		2B. HOUR
RAYMOND	WEBSTER	O'CONNELL	September 3, 1984		1220
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH		7. AGE
Male	Cauc.	XX	October 1, 1912		71 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Illinois		David J. O'Connell, Ohio			Ella Webster, Illinois
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME
U.S.A.		[REDACTED]	Married		Ann August
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER OF SELF-EMPLOYED, SO STATE		18. KIND OF INDUSTRY OR BUSINESS
P. A. Operator		30	Turf Clubs		Racing
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.	19C. CITY OR TOWN	
1125 E. Columbia Avenue				Pomona	
19D. COUNTY			19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Los Angeles			California	Ann O'Connell-Wife	
21A. PLACE OF DEATH			21B. COUNTY	1125 E. Columbia Avenue	
Kaiser Foundation Hospital			San Bernardino	Pomona, California	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN		
9961 Sierra Way			Fontana		
22. DEATH WAS CAUSED BY IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.					
(A) SEPSIS					
DUE TO, OR AS A CONSEQUENCE OF					
(B) PNEUMONIA					
DUE TO, OR AS A CONSEQUENCE OF					
(C) BRONCHOGENIC CARCINOMA					
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A					
METS TO BRAIN, LEFT LEG THROMBUS					
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION					
THROMBECTOMY					
24. WAS DEATH REPORTED TO CORONER?					
NO					
25. WAS MOPAY PERFORMED?					
YES					
26. WAS AUTOPSY PERFORMED?					
NO					
28. DATE SIGNED					
9-1-84					
28D. PHYSICIAN'S LICENSE NUMBER					
927923					
28E. PHYSICIAN'S NAME AND ADDRESS					
Mark Ruszczycky, M.D., 1025 W. "I" ST., Ontario, CA					
29. SPECIFY ACCIDENT, SUICIDE, ETC.					
30. PLACE OF INJURY					
31. INJURY AT WORK					
32A. DATE OF INJURY—MONTH, DAY, YEAR					
32B. HOUR					
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)					
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN INQUEST INVESTIGATION					
35B. CORONER—SIGNATURE AND DEGREE OR TITLE					
35C. DATE SIGNED					
36. DISPOSITION					
Entombment					
37. DATE—MONTH, DAY, YEAR					
Sept. 7, 1984					
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY					
Pomona Cemetery 502 E. Franklin, Pomona, CA					
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE					
6702					
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)					
Todd Memorial Chapel					
40B. LICENSE NO.					
110					
41. LOCAL REGISTRAR—SIGNATURE					
George R. Pettersen, M.D.					
42. DATE ACCEPTED BY LOCAL REGISTRAR					
September 6, 1984					
STATE REGISTRAR					
A-871E-7-12					
B					
C					
D					
E					
F					
1629					

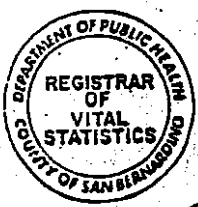
This must be in red to be a "CERTIFIED COPY"

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN RED.

RECORDED AT REQUEST OF  
Anna M. O'Connell  
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MAY 29 10:28

*George R. Pettersen, M.D.*  
GEORGE R. PETERSEN, M.D., M.P.H.  
DIRECTOR OF PUBLIC HEALTH



OFFICIAL RECORDS  
EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. 99146  
FFS. 8.00

714-623-5668  
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