

## DECLARATION UNDER PROBATE CODE Section 630

Anna M O'Connell hereby declares:

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

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

ANNA M O'CONNELL  
1125 - E. Columbia  
Romona Ca 91767

3. No probate proceedings have taken place or are now in progress in decedent's estate.

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

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

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

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

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

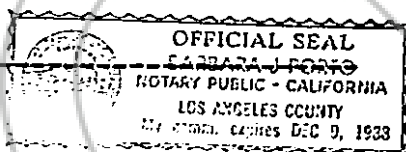
Anna M O'Connell

STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

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

NOTARY

SEAL



MY COMMISSION EXPIRES DECEMBER 9, 1988

Affidavit of  
Domicile, Debts  
and Distribution

Prudential-Bache  
Securities

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~~ of the estate of  
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  
~~XX~~/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.

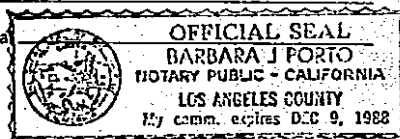
Anna M O'Connell  
Execut  
Administra  
Survivor  
ANNA M O'CONNELL

Sworn to (or affirmed) before me this 17TH  
day of APRIL, 19 85

My Commission expires DECEMBER 9, 1988

Barbara J Porto  
Give official capacity of official administering oath.

Notarial Seal



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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		2A. DATE OF DEATH: MONTH, DAY, YEAR	
RAYMOND		September 3, 1984	
1B. MIDDLE		2B. HOUR	
WEBSTER		1220	
1C. LAST			
O'CONNELL			
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH
Male	Cauc.	XX	October 1, 1912
7. AGE	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
71 YEARS	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.		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. CITY OR TOWN	
1125 E. Columbia Avenue		Pomona	
19C. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Los Angeles		Ann O'Connell-Wife 1125 E. Columbia Avenue Pomona, California	
21A. PLACE OF DEATH		21B. COUNTY	
Kaiser Foundation Hospital		San Bernardino	
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)			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">                 CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.                 <div style="margin-top: 5px;">                     (A) SEPSIS                      DUE TO, OR AS A CONSEQUENCE OF                      (B) PNEUMONIA                      DUE TO, OR AS A CONSEQUENCE OF                      (C) BRONCHOGENIC CARCINOMA                 </div> </div> <div style="width: 35%;">                 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH                 <div style="margin-top: 5px;">                     48 hrs.                      2 WEEKS                      10 MONTHS                 </div> </div> </div>			
24. WAS DEATH REPORTED TO CORONER? NO			
25. WASopsy PERFORMED? YES			
26. WAS TUPPER PERFORMED? NO			
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION DATE			
THOROMECTOMY 8-13-84			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE			
28C. DATE SIGNED			
28D. PHYSICIAN'S LICENSE NUMBER			
28E. TYPE 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			
VS-11 (7-83)			

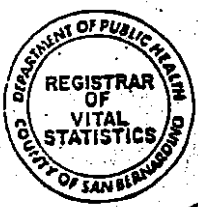
This must be in red to be a "CERTIFIED COPY"

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.

*George R. Pettersen, M.D.*

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



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

OFFICIAL RECORDS  
EUREKA COUNTY, NEVADA  
M.N. REBALANCE RECORDER  
FILE NO. 99146  
FFS 8.00  
714-623-5668  
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