101882

AFFIDAVIT—DEATH OF A JOINT TENANT

STATE OF ~~NEVADA~~ CALIFORNIA
County of Los Angeles } ss.

HELEN LOBEJKO, of legal age, being duly sworn, deposes and says That NICK LOBEJKO, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as NICK LOBEJKO named as one of the parties in that certain joint tenancy deed dated Feb. 10, 1965, executed by CRESCENT VALLEY RANCH & FARMS, a Nevada corporation to NICK LOBEJKO and HELEN LOBEJKO, husband and wife, as joint tenants, recorded as Instrument No. 40639, on Feb. 19, 1965, in Book 6, Page 506, of Official Records of Eureka County, Nevada, covering the following described property situated in the County of Eureka, State of Nevada.

Lot 3 of Block 1 of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 4, as per map recorded in said County as File No. 34552.

Dated January 8, 1986

Helen Lobejko
HELEN LOBEJKO

SUBSCRIBED AND SWORN TO BEFORE ME THIS eighth day of January, 1986

Linda L Guthrie
Notary Public in and for said State

OFFICIAL SEAL
LINDA L GUTHRIE
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires MAY 27, 1989

Title Order No. _____ Escrow or Loan No. _____

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY

COLTON & AUSTIN

AND WHEN RECORDED MAIL TO

Name
Street Address
City & State

HELEN LOBEJKO
15702 Pitts Avenue
Paramount, CA 90723

BOOK 142 PAGE 129

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
NICK	----	LOBEJKO	November 15, 1985	1748

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Male	Caucasian	NO ☒	September 7, 1911	74 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Brazil	Sylvester Lobejko Poland	Mary Vavar Poland

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	19N/A TO 19 N/A	[redacted]	Married	Helen V. Long

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER OF SELF-EMPLOYED, SO STATE	18. KIND OF INDUSTRY OR BUSINESS
Welder	30	Banner Metals	Metal Products

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
15702 Pitts		Paramount

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Los Angeles	California	Helen Lobejko, Wife 15702 Pitts Paramount, Ca. 90723

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
KAISER FOUNDATION HOSPITAL, E.R.	LOS ANGELES

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
9400 ROSECRANS AVENUE	BELLFLOWER

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

(A) Atherosclerotic Heart Disease

DUE TO, OR AS A CONSEQUENCE OF

(B) Past smoking

DUE TO, OR AS A CONSEQUENCE OF

(C) Hypertension

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? NO

25. WAS BIOPSY PERFORMED? NO

26. WAS AUTOPSY PERFORMED? NO

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: COPD/Anemia/Colon Polyp

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: none DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

(ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.))	(LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.))	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
9-8-75	11-15-85	Daniel Lim	11-18-85	G32348

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Daniel Lim, M.D., 9400 Rosecrans, Bellflower, Ca.

INJURY INFORMATION

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)

CORONER'S USE ONLY

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	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Shipout Burial	Nov. 19, 1985	Woodlawn Cemetery Aliquippa, Pennsylvania	6788 R.D. Ostrow

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Forest Lawn Mtry., Cypress, Ca.	1051	Robert B. Mabe TR	NOV 19 1985

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (1-85)

401.9

01-9-1-0400

RECORDED AT REQUEST OF
Colton & Austin
BOOK 142 PAGE 129

THIS IS A TRUE CERTIFIED COPY OF THE RECORD ON FILE IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

DEC 11 1985

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Director of Health Services and Registrar

86 JAN 13 AM: 09

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
M.N. DEBALEATI, RECORDER
FILE NO. 101882
FEE 6.00

BOOK 142 PAGE 130