

WHEN RECORDED,  
PLEASE MAIL THIS INSTRUMENT TO

Order No. \_\_\_\_\_  
Escrow No. \_\_\_\_\_  
Loan No. \_\_\_\_\_

126482

SPACE ABOVE THIS LINE FOR RECORDED USE

### AFFIDAVIT-DEATH OF JOINT TENANT

NEVADA  
STATE OF ~~INDONESIA~~  
County of Eureka

ss. CONSUL GENERAL OF THE  
UNITED STATES OF AMERICA

Judith A. (Harrington) Lang, of legal age, being first duly sworn, deposes and says:  
That Gary D. Lang, the decedent mentioned in the attached certified copy of  
Certificate of Death is the same person as Gary D. Lang  
named as one of the parties in that certain Warranty Deed dated November 21, 1978  
executed by Charles F. Janacek and Mae Janacek  
to Gary D. Lang and Judith A. Lang  
as joint tenants, recorded as Instrument No. 120971 on August 26, 1988 in  
Book 182, Page 594 of Official Records of Eureka County, Nevada  
covering the following described property situated in the County of Eureka, State of Nevada:

NE1/4 of the SE1/4 of the NE1/4 of Section 33, T31N, R46E, M.D.B.M., containing 10  
acres, more or less, subject to all matters of record.

Dated: 25 Jan 1989

*Handwritten signature: Gary D. Lang*  
*Handwritten signature: Charles F. Janacek*

SUBSCRIBED AND SWORN TO before me, the  
undersigned ~~Notary Public in and for the State of~~  
an American Consul at Madras, India  
this 25 day of January 1989  
WITNESS my hand and official seal.

Signature: *[Handwritten Signature]*  
Gilbert Sperling, Consul,  
Madras, India

BOOK 184 PAGE 273

**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF DECEASED—FIRST I M MIDDLE		1C LAST		2A DATE OF DEATH—MONTH DAY YEAR 1234 HOUR	
GARY D LANG		LANG		FEBRUARY 25 1985 1315	
3 SEX		4 RACE/ETHNICITY		7 AGE	
MALE WHITE		[X] [ ]		43 YEARS MONTHS DAYS	
8 BIRTHPLACE OF DECEASED (STATE OR FOREIGN COUNTRY)		9 NAME AND BIRTHPLACE OF FATHER		10 MARRITAL STATUS	
IOWA		HERBERT LANG OKLAHOMA		MARRIED	
11 COUNTRY OF BIRTH (STATE OR FOREIGN COUNTRY)		12 SOCIAL SECURITY NUMBER		13 NAME OF SURVIVING SPOUSE IF WIFE, BIRTH BOTH NAME	
U.S.A.		[REDACTED]		JUDITH HARRINGTON	
14 PRIMARY OCCUPATION		15 NUMBER OF YEARS TIME OCCUPATION		16 EMPLOYER IF SELF-EMPLOYED, SO STATE	
ENGINEER		14		PACIFIC-SIERRA RESEARCH CO. RESEARCH	
17A USUAL RESIDENCE—STREET ADDRESS (RANGE) AND NUMBER OR LOCATION		17B		18 CITY OR TOWN	
5961 PASEO CANYON DRIVE				MALIBU	
19A COUNTY		19B STATE		19C NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
LOS ANGELES		CALIFORNIA		JUDITH LANG (WIFE) 5961 PASEO CANYON DRIVE, MALIBU, CA. 90265	
20A PLACE OF DEATH		20B COUNTY		20C CITY OR TOWN	
ST. JOHNS HOSPITAL		LOS ANGELES		SANTA MONICA	
21A STREET ADDRESS (RANGE) AND NUMBER OR LOCATION		21B CITY OR TOWN		21C STATE	
1328 22nd STREET		SANTA MONICA		CALIFORNIA	
22 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE		23 OTHER SIGNIFICANT CONDITIONS—CONTINUED TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24 WAS DEATH REPORTED TO CORONER?	
(A) <i>Cardiovascular death</i> (B) <i>Multiple trauma</i> (C) <i>Chronic disease</i>		[REDACTED]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YES NO YES NO YES NO	
25A I CERTIFY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CAUSE		25B PHYSICIAN—SIGNATURE AND ADDRESS OF TITLE		25C DATE SIGNED (M/D/Y) PHYSICIAN'S LICENSE NUMBER	
[REDACTED]		[REDACTED]		[REDACTED]	
26 PHYSICIAN'S CERTIFICATION		27 PHYSICIAN'S NAME AND ADDRESS		28 DATE OF DEATH (M/D/Y)	
[REDACTED]		ROBERT W. HUTCHERSON MD, 8730 WILSHIRE BL. #208		2/27/85 63401	
29 INJURY INFORMATION		30 LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		31 DESCRIBE HOW INJURY OCCURRED. EVENTS WHICH RESULTED IN INJURY	
[REDACTED]		[REDACTED]		[REDACTED]	
32A I CERTIFY THAT DEATH OCCURRED AT THE PLACE, DATE AND PLACE STATED FROM THE CAUSE STATED AS REQUIRED BY LAW I HAVE HELD AN INQUEST/INVESTIGATION		32B CORONER—SIGNATURE AND ADDRESS OF TITLE		32C DATE SIGNED	
[REDACTED]		[REDACTED]		[REDACTED]	
33 CREMATION		34 DATE—MONTH DAY YEAR		35 NAME AND ADDRESS OF CEMETERY OR CREMATORY	
[REDACTED]		02/26/1985		LIVE OAK CREMATORY, MONROVIA, CA	
36 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		37 LICENSE NUMBER		38 LOCAL REGISTRAR—SIGNATURE	
GATES, KINGSLEY & GATES		F451		[REDACTED]	
39 STATE REGISTRAR		40 DATE ACCEPTED BY LOCAL REGISTRAR		41 DATE OF DEATH (M/D/Y)	
[REDACTED]		FEB 27 1985		[REDACTED]	

RECORDED AT THE REQUEST OF  
 PAGE 273  
 [Signature]  
 FEB 22 P 1:59  
 CLERK OF SUPERIOR COURT  
 JUDICIAL BRANCH  
 FILE NO. 123482

BOOK 1 & 4 PAGE 274