

Recording requested by and  
when recorded mail to and  
mail tax statements to:

JULI FISHBACK  
20728 Arline  
Lakewood, CA 90715

126861

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AFFIDAVIT OF DEATH (Probate Code Section 210)  
JULI L. FISHBACK, aka JULIE L. FISHBACK, SUCCESSOR TRUSTEE

State of California )  
County of Los Angeles ) ss

JULI L. FISHBACK, aka JULIE L. FISHBACK, of legal age, declares  
and says:

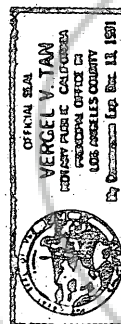
That JULIA FISHBECK, the decedent mentioned in the attached  
certified copy of Certificate of Death, is the same person as,  
JULIA FISHBACK named as one having an interest in that certain  
Revocable Living Trust dated July 15, 1987, executed by  
JULIA FISHBACK as trustor and trustee.

The decedent's death affects the following described property  
situated in the County of Eureka, State of Nevada:

[For legal description, see Exhibit A attached hereto  
and made a part hereof]

VERIFICATION

I certify and declare under penalty of perjury under the laws of  
the State of California that the foregoing is true and correct.

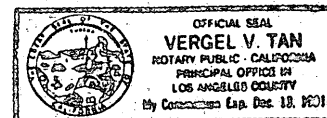


Dated: March 1, 1989

Juli Fishback  
JULI FISHBACK, Successor Trustee  
(aka JULIE FISHBACK)

SUBSCRIBED AND SWORN TO before me this 1st day of March, 1989.

Vergel V. Tan  
Notary Public



The south 1/2 of the northwest 1/4 of section 25,  
Township 30 north, Range 50 east, Mount Diablo  
Base and Meridian, as per Government Survey.

Excepting 90 per cent of all coal, oil, and gas,  
and other minerals including the right of entry  
as reserved in that certain deed from Strathearn  
Cattle Company, a corporation, et al., to  
Mae Nichols, dated April 30, 1959.

Assessor's Parcel Number 5-340-21

EXHIBIT A

TP456-7.MST 102988 FIS09565.01 vt 3/2/89

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CERTIFICATE OF DEATH STATE OF CALIFORNIA									
STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		JULIA		J.	FISHBECK	August 25, 1987 2050			
3. SEX		4. RACE/ETHNICITY		5. SPANISH/Hispanic	6. DATE OF BIRTH	7. AGE	8. YEAR	9. MONTH	10. DAY
Female		Cauc.		NO	May 13, 1923	64	YEARS	MONTHS	DAYS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER				10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
Oregon		Andres Urquira - Spain				Catalina Maiza - Spain			
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATED OF SERVICE		12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE OR WIFE, ENTER BIRTH NAME			
U.S.A.		19NO. TO 19 NO.			Married	Pete Fishback			
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYED BY SELF-EMPLOYED, SO STATE		18. KIND OF INDUSTRY OR BUSINESS			
Riveter		4		U.S. Government		Government			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN					
20728 Arline				Lakewood					
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
Los Angeles		California		Juli Fishback - Daughter					
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)					
Memorial Hosp. of Long Beach		Los Angeles		4300 Elko					
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		Long Beach, California					
2801 atlantic Blvd.		Long Beach							
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		25. WAS CLASH REPORTED TO CORONER?		26. WAS AUTOPSY PERFORMED?	
(A) Respiratory Failure		None		Lung Transfusion		NO		NO	
(B) Recurrent Lung Cancer						INTERVAL BETWEEN ONSET AND DEATH		27. WAS CLASH REPORTED TO CORONER?	
(C)						28. WAS CLASH REPORTED TO CORONER?		29. WAS CLASH REPORTED TO CORONER?	
						28. WAS CLASH REPORTED TO CORONER?		29. WAS CLASH REPORTED TO CORONER?	
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			
4/23/87 8/25/87		Robert L. Shuman, M.D.		8/26/87		622148			
29. SPECIFY ACCIDENT, DISEASE, 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 DEATH)		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE MADE AN INQUIRY INTO 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. ANDALUSIA'S LICENSE NUMBER AND SIGNATURE			
Burial		8-28-1987		All Souls Cemetery, Long Beach, Ca.		3462			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR			
Norwalk-Artesia Mortuary		F-1134		R. Shuman		AUG 27 1987			
STATE REGISTRAR									

RECORDED AT THE REQUEST OF  
BOOK 195 PAGE 211  
Lecare Law Offices  
89 MAR 13 P1:12

FILE NO. 126861

THIS IS A TRUE CERTIFIED COPY OF THE  
RECORD FILED IN THE CITY OF LONG BEACH  
DEPARTMENT OF PUBLIC HEALTH IF IT BEARS  
THIS STAMP IN PURPLE INK.

SEP 1 1987

INITIAL R Shuman  
Health Officer and Registrar

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