

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

3:762-003071

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) 2D. HOUR		
JULIA J. FISHBECK			August 25, 1987 12050		
3. SEX: 4. RACE/ETHNICITY		5. SPANISH/Hispanic NO KI	6. DATE OF BIRTH		7. AGE 8. IN YEAR 9. MONTHS 10. DAYS 11. HOURS 12. MINUTES
Female Cauc.			May 13, 1923		64 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Oregon		Andres Urquiri - Spain		Catalina Maiza - Spain	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATED OF SERVICE		12. SOCIAL SECURITY NUMBER	
U.S.A.		19 No. to 19 No.		Married	
13. PRIMARY OCCUPATION		14. NUMBER OF YEARS THIS OCCUPATION		15. EMPLOYED BY SELF-EMPLOYED, SO STATE: 16. KIND OF INDUSTRY OR BUSINESS	
Riveter		4		U.S. Government Government	
17A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 17B. COUNTY			17C. CITY OR TOWN		
20728 Arline Los Angeles			Lakewood		
180. COUNTY			190. STATE		
Los Angeles California			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		
21A. PLACE OF DEATH			21B. COUNTY		
Memorial Hosp. of Long Beach Los Angeles			Juli Fishback - Daughter		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 21D. CITY OR TOWN			4300 Elko Long Beach, California		
2801 atlantic Blvd. Long Beach					
22. DEATH CAUSED BY: (A) RESPIRATORY FAILURE (B) RECURRENT LUNG CANCER (C) NONE					
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A					
None					
24. WAS ELAID REFERRED TO CORONER? NO					
25. WASopsy PERFORMED? NO					
26. WAS AUTOPSY PERFORMED? NO					
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? YES					
Type Bronchoscopy 8/24/87					
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.					
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE					
Robert L. Shuman M.D. 8/26/87 622148					
28C. DATE SIGNED					
28D. PHYSICIAN'S LICENSE NUMBER					
4/23/87 8/25/87 701 E. 28th St. #411, Long Beach, CA 90806					
29. SPECIFY ACCIDENT, DUI, 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 HELD AN INQUIRY- INVESTIGATION					
35B. CORONER—SIGNATURE AND DEGREE OR TITLE					
35C. DATE SIGNED					
36. DISPOSITION					
Burial 8-28-1987 All Souls Cemetery Long Beach, Ca. L. Munnell 3467					
37. DATE—MONTH, DAY, YEAR					
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY					
39. UNDERTAKER'S LICENSE NUMBER AND SIGNATURE					
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) 40B. LICENSE NO.					
Norwalk-Artesia Mortuary F-1134 R. Shuman TR 845 27 1987					
41. LOCAL REGISTRAR—SIGNATURE					
42. DATE ACCEPTED BY LOCAL REGISTRAR					
STATE REGISTRAR					

RECORDED AT THE REQUEST OF
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Boquire 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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