

Signature: Elaine A. Zuhlke Notary Public (Seal)
WITNESS my hand and official seal

On 12-16-92 before me Elaine A. Zuhlke, a notary public, personally appeared ANNIE DERMENGIAN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacities, and that by he/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

ss

Dated: 12-16, 1992
Annies Desmougin
ANNIE DERMENGIAN
The southwest quarter (SW-1/4) of Section 17, Township 31 North, Range 48 East, M.D.B. & M., as per government survey. For further legal description see attached Exhibit "A" made a part hereof.

That SAM MIKE DERMENGIAN, the decedent mentioned in the attached certified copy of the certificate of death, is the same person as SAM M. DERMENGIAN, named as one of the parties in that certain deed dated April 19, 1973, executed by SUSAN P. GUSTAFSON on behalf of FIRST AMERICAN TITLE COMPANY OF NEVADA to SAM M. DERMENGIAN and ANNIE DERMENGIAN as buyers, recorded as instrument No. 57288, on 4/27/73, in Book 45, Page 324 of the Official Records in the office of the County Recorder of Eureka, State of Nevada, concerning the following described real property situated in the county of Eureka, State of Nevada:

ANNIE DERMENGIAN, being of legal age, being first duly sworn, deposes and says:

AFFIDAVIT -- DEATH OF JOINT TENANT

SPACE ABOVE FOR RECORDER'S USE ONLY

AND WHEN RECORDED MAIL THIS DEED AND
UNLESS OTHERWISE SHOWN BELOW, MAIL
TAX STATEMENT TO:
ANNIE DERMENGIAN
318 Cherrywood St.
West Covina, CA 91791
APN#
Parcel # 5-010-30

Recording Requested By

144145

Exhibit "A"

RESERVING THEREFROM, an easement of 30' along all boundaries to ingress and egress, with power to dedicate, and, except any an all oil rights, including the right of entry for exploration and production of oil or other carbohydrates.

RESERVING THEREFROM, a right of way, with right of entry upon, over, under, along, across, and through the said land for the purposes of erecting, construction, operating, repairing and maintaining pole lines with cross arms for the transmission of electrical energy, and for telephone line, and/or for laying, repairing, operating and renewing any pipe line or lines for water, gas or sewerage, and any conduits for electric or telephone wires, and reserving the sole right to convey the rights hereby reserved.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said parties of the second part, and to the survivor of them, and to the heirs and assigns of such survivor forever.

CERTIFICATE OF DEATH

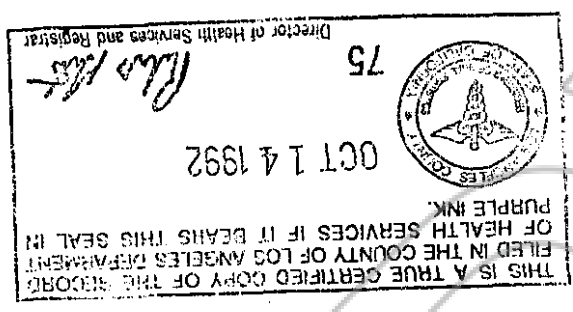
STATE OF CALIFORNIA

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO., DAY, YR.	3. SEX
Sam	Mike	Dermenagian	October 11, 1992	M
4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO., DAY, YR.	7. AGE IN YEARS	8. STATE OF BIRTH
White		April 28, 1923	69	ARMENIA
9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
U.S.A.	Mike Dermenagian	ARMENIA	Mary Sergentian	ARMENIA
12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
		Married	Annie Sardenjian	
16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Professor	Education	Citrus College	31	19
18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE	18D. STATE	
318 Cherrywood St.	West Covina	91791	CA	
18E. NUMBER OF YEARS IN THIS COUNTRY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT	19A. PLACE OF DEATH	19B. CITY
43	California	Annie Dermenagian - Wife 318 Cherrywood St. West Covina, CA 91790	Los Angeles	Los Angeles
19A. PLACE OF DEATH	19B. CITY	19C. COUNTY	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
Los Angeles	California	Los Angeles	210 West San Bernardino Road Covina	Covina
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	22. WAS DEATH REPORTED TO CORONER?	23. WAS BIOPSY PERFORMED?	24A. WAS AUTOPSY PERFORMED?	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?
(a) Cardiac Arrest	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(b) Cardiomypopathy				
(c) DUE TO				
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25?	27. DATE SIGNED	27A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	27B. DATE SIGNED
None	<input checked="" type="checkbox"/>	10/13/92	N. Wyskoarko, M.D., 420 W. Rowland, Covina, CA 91723	9/23/92
27B. SIGNATURE AND DEGREE OF TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	27F. DECENT LAST SEEN ALIVE
<i>[Signature]</i>	G31207	10/13/92	N. Wyskoarko, M.D. 420 W. Rowland, Covina, CA 91723	9/23/92
27G. SIGNATURE OF LOCAL REGISTRAR	27H. LICENSE NO.	27I. PD NO.	27J. SIGNATURE OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	27K. LICENSE NO.
<i>[Signature]</i>	1127	PD 1127	Oakdale Mortuary	
28A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	28B. LICENSE NO.	28C. PD NO.	28D. SIGNATURE OF LOCAL REGISTRAR	28E. DATE SIGNED
Oakdale Mortuary			<i>[Signature]</i>	OCT 14 1992
28F. NAME OF FUNERAL HOME	28G. LICENSE NO.	28H. PD NO.	28I. SIGNATURE OF EMBALMER	28J. LICENSE NUMBER
CR/BU			<i>[Signature]</i>	
28K. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	28L. DATE	28M. MO., DAY, YEAR	28N. SIGNATURE OF LOCAL REGISTRAR	28O. DATE SIGNED
Oakdale Memorial Park 1401 S. Grand Ave., Glendora, CA		10/17/92	<i>[Signature]</i>	OCT 14 1992
28P. PLACE OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	28Q. PLACE OF INJURY	28R. INJURY AT WORK	28S. DATE OF INJURY	28T. HOUR
		<input type="checkbox"/>		
29. MANNER OF DEATH	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY	30D. HOUR
		<input type="checkbox"/>		
31. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	32. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	33. INJURY AT WORK	34. DATE OF INJURY	34. HOUR
		<input type="checkbox"/>		
35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER	35C. SIGNATURE OF LOCAL REGISTRAR	35D. DATE SIGNED	35E. LOCAL REGISTRAR DISTRICT AND CERTIFICATE NUMBER
<i>[Signature]</i>		<i>[Signature]</i>		
36A. NAME OF FUNERAL HOME	36B. LICENSE NO.	36C. PD NO.	36D. SIGNATURE OF LOCAL REGISTRAR	36E. DATE SIGNED
Oakdale Mortuary			<i>[Signature]</i>	OCT 14 1992
36F. NAME OF FUNERAL HOME	36G. LICENSE NO.	36H. PD NO.	36I. SIGNATURE OF LOCAL REGISTRAR	36J. DATE SIGNED
Oakdale Mortuary			<i>[Signature]</i>	OCT 14 1992
36K. NAME OF FUNERAL HOME	36L. LICENSE NO.	36M. PD NO.	36N. SIGNATURE OF LOCAL REGISTRAR	36O. DATE SIGNED
Oakdale Mortuary			<i>[Signature]</i>	OCT 14 1992

STATE FILE NUMBER
BOOK 244 PAGE 316
RECORDED AT THE REQUEST OF
JERRY NEWELL
93 FEB -2 AIO:11
EUREKA COUNTY, NEVADA
M.N. REBATE ALI. RECORDER
FILE NO. 144145
FEE \$ 7.00



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