

Recording Requested By

AND WHEN RECORDED MAIL THIS DEED AND UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

ANNIE DERMEGIAN
318 Cherrywood St.
West Covina, CA 91791

APN #
Parcel # 5-040-04

—SPACE ABOVE FOR RECORDER'S USE ONLY—

AFFIDAVIT -- DEATH OF JOINT TENANT

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

That SAM MIKE DERMEGIAN, the decedent mentioned in the attached certified copy of the certificate of death, is the same person as SAM M. DERMEGIAN, named as one of the parties in that certain quitclaim deed dated July 22, 1969, executed by W. L. THOMAS on behalf of NEVADA TITLE GUARANTY COMPANY to SAM M. DERMEGIAN and ANNIE DERMEGIAN as buyers, recorded as instrument No. 49999, on August 5, 1969, in Book 30, Page 346 of the Official Records in the Office of the County Recorder of Butte, State of Nevada, concerning the following described real property situated in the County of Butte, State of Nevada:

East 1/2 of the Northeast 1/4 of section 21, Township 31 North, Range 48 East, M.D.B. & M. For further legal description see attached Exhibit "A" made a part hereof.

Dated: 12-16, 1992

Annie Dermeagian
ANNIE DERMEGIAN

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

)
) ss
)

On 12-16-92 before me Elaine A. Zuhke, a notary public, personally appeared ANNIE DERMEGIAN, 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 she/they executed the same in his/her/their authorized capacities, and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

Signature: Elaine A. Zuhke
Notary Public (Seal)

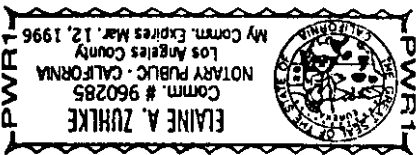


Exhibit "A"

RESERVING THEREFROM, an easement of 30' along all boundaries from 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 profits thereof.

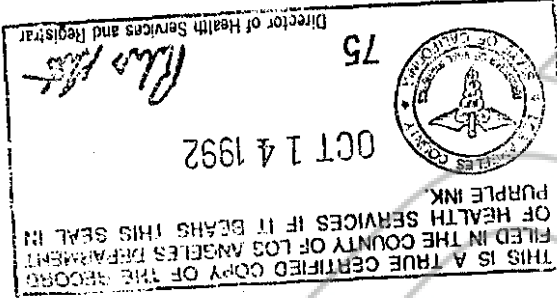
TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said parties of the second part, and to the survivor of them, and to the heirs and assigns of such survivor forever.

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

1A. NAME OF DECEDENT—FIRST (GIVEN)	Sam	1B. MIDDLE	Mike	1C. LAST (FAMILY)	Dermentgian
4. RACE	White	5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO., DAY, YR.	April 28, 1923
8. STATE OF BIRTH	NY	9. CITIZEN OF WHAT COUNTRY	U.S.A.	10A. FULL NAME OF FATHER	Mike Dermentgian
11B. STATE OF BIRTH	ARMINIA	11A. FULL MAIDEN NAME OF MOTHER	Mary Sergentian	12. SOCIAL SECURITY NO.	
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	Armenia	14. MARITAL STATUS	Married	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	Annie Sardjenian
16A. USUAL OCCUPATION	Professor	16B. USUAL KIND OF BUSINESS OR INDUSTRY	Education	16C. USUAL EMPLOYER	Citrus College
17. EDUCATION—YEARS COMPLETED	19	18A. RESIDENCE—STREET AND NUMBER OR LOCATION	318 Cherrywood St.	18B. CITY	West Covina
18C. ZIP CODE	91791	18E. NUMBER OF YEARS IN THIS COUNTY	43	18F. STATE OR FOREIGN COUNTRY	California
18D. COUNTY	Los Angeles	18G. PLACE OF DEATH	Inter-Community Med. Ctr.	18H. STREET ADDRESS—STREET AND NUMBER OR LOCATION	210 West San Bernardino Road
19A. PLACE OF DEATH	Los Angeles	19B. HOSPITAL, SPECIAL ONE IN BR/OP, DOA	DOA	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	(A) Cardiac Arrest
22. WAS DEATH REPORTED TO CORONER?	<input checked="" type="checkbox"/>	23. WAS BIOPSY PERFORMED?	<input checked="" type="checkbox"/>	24. WAS AUTOPSY PERFORMED?	<input checked="" type="checkbox"/>
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	None				
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25?	No				
27. SIGNATURE AND DEGREE OF CERTIFIER	<i>Mark A. Woodhill, MD</i>				
27C. CERTIFIER'S LICENSE NUMBER	G31207				
27D. DATE SIGNED	10/13/92				
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	N. Wyskoarko, M.D., 420 W. Rowland, Covina, CA 91723				
27F. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS					
27G. SIGNATURE OF LOCAL REGISTRAR	<i>Robert C. Wood</i>				
27H. LICENSE NO.	FD 1127				
34A. DISPOSITION(S)	Oakdale Memorial Park 1401 S. Grand Ave., Glendora, CA				
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS					
34C. DATE	10/17/92				
34D. TIME					
34E. SIGNATURE OF EMBALMER	<i>Mark A. Woodhill, Embler</i>				
34F. LICENSE NUMBER					
34G. REGISTRATION DATE	OCT 14 1992				
35. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined					
30A. PLACE OF INJURY					
30B. INJURY AT WORK	<input type="checkbox"/>				
30C. DATE OF INJURY					
30D. MONTH, DAY, YEAR					
30E. HOUR					
31. HOUR					
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)					
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
34. STATE					
35. LOCAL REGISTRAR					
36. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	Oakdale Mortuary				
36A. LICENSE NO.	FD 1127				
36B. LICENSE NO.					
36C. LICENSE NO.					
36D. LICENSE NO.					
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36V. LICENSE NO.					
36W. LICENSE NO.					
36X. LICENSE NO.					
36Y. LICENSE NO.					
36Z. LICENSE NO.					
37. SIGNATURE OF LOCAL REGISTRAR	<i>Robert C. Wood</i>				
37A. LICENSE NO.	FD 1127				
37B. LICENSE NO.					
37C. LICENSE NO.					
37D. LICENSE NO.					
37E. LICENSE NO.					
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38. REGISTRATION DATE	OCT 14 1992				
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BOOK 244 PAGE 321
 OFFICIAL RECORDS
 RECORDED AT THE REQUEST OF
 Jerry Howell
 93 FEB -2 10:15
 EUREKA COUNTY, NEVADA
 M.N. REBATEAL RECORDER
 FILE NO. FEE \$ 7.00
 144147

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