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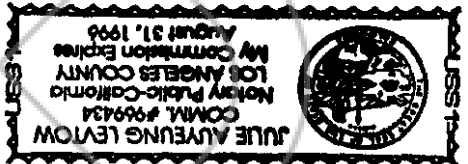
Marion King, beneficiary of Estate of Rosella Peterson, aka, Rusty Peterson, being duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is Marion King the person named as beneficiary to the Estate of Rosella Peterson, aka, Rusty Peterson, one of the grantees in that certain deed recorded on November 7, 1989, as Document No. 130628 in Book 205 Page 511, of Eureka City, in the office of the County Recorder of Eureka County, State of Nevada.

That Rosella Peterson, aka, Rusty Peterson was one of the grantees named in said deed and was the identical person named as joint Tenant with Alta Bingham, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

Marion King
Marion King,
Executrix of Estate of
Rosella Peterson, aka,
Rusty Peterson
on 28th Apr 1993 personally
appeared before me, a Notary
Public

Marion King who acknowledged
that she executed the above
instrument.
Signature Julie Aveyung Levow
Notary Public
When recorded mail to:
Marion King
6233 Fountain #221
Los Angeles, California 90028
APN #02-039-07



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COUNTY OF SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER _____ USE BLACK INK ONLY _____ LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER _____

1A. NAME OF DECEDENT—FIRST (GIVEN) **Alta** 1B. MIDDLE **Mae** 1C. LAST (FAMILY) **Bingham**
 4. RACE **Ca** 5. SPANISH/HISPANIC—SPECIFY YES NO
 6. DATE OF BIRTH—MO., DAY, YR. **May 1, 1911** 7. AGE IN YEARS **80**
 8. STATE OF BIRTH **PA** 9. CITIZEN OF WHAT COUNTRY **USA**
 10. FULL NAME OF FATHER **Charles Wetmore** 11. FULL MAIDEN NAME OF MOTHER **Bernice Bellingger**
 11B. STATE OF BIRTH **PA** 12. MILITARY SERVICES? NONE TO 19 19 TO 19 NONE
 13. SOCIAL SECURITY NO. **[REDACTED]** 14. MARITAL STATUS **Divorced** 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) **None**

16A. USUAL OCCUPATION **Cafeteria Worker** 16B. USUAL KIND OF BUSINESS **Public School**
 16C. USUAL EMPLOYER **San Fernando School** 17. EDUCATION—YEARS COMPLETED **6**
 18A. RESIDENCE—STREET AND NUMBER ON LOCATION **12401 Filmore St.** 18B. CITY **Sylmar** 18C. ZIP CODE **91342**
 18D. COUNTY **Los Angeles** 18E. NUMBER OF YEARS IN THIS COUNTY **37** 18F. STATE OR FOREIGN COUNTRY **California**
 19A. PLACE OF DEATH **Los Angeles** 19B. PLACE OF DEATH **Roadway** 19C. COUNTY **San Bernardino**
 19D. STREET ADDRESS—STREET AND NUMBER ON LOCATION **Hwy 18, 1/2 mi w/o Koala Rd.** 19E. CITY **Adelanto**

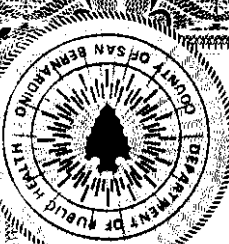
21. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C
 IMMEDIATE CAUSE **(w) Multiple Injuries**
 22. WAS DEATH REPORTED TO CORONER? YES NO
 TIME INTERVAL BETWEEN ONSET AND DEATH **91-3204AA**
 23. WAS BIOPSY PERFORMED? YES NO
 24. WAS AUTOPSY PERFORMED? YES NO
 25. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C
 IMMEDIATE CAUSE **(w) Multiple Injuries**
 26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21
 IF YES, LIST TYPE OF OPERATION AND DATE. **None**

27A. SIGNATURE AND TITLE OF PHYSICIAN AND DEGREE OR TITLE OF PHYSICIAN **[Signature]** 27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN **[Signature]** 27C. PHYSICIAN'S LICENSE NUMBER **[REDACTED]** 27D. DATE SIGNED **[REDACTED]**
 27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS **[REDACTED]**
 27F. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER **[Signature]** 27G. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER **[Signature]** 27H. DATE SIGNED **[REDACTED]**
 28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21
 IF YES, LIST TYPE OF OPERATION AND DATE. **None**

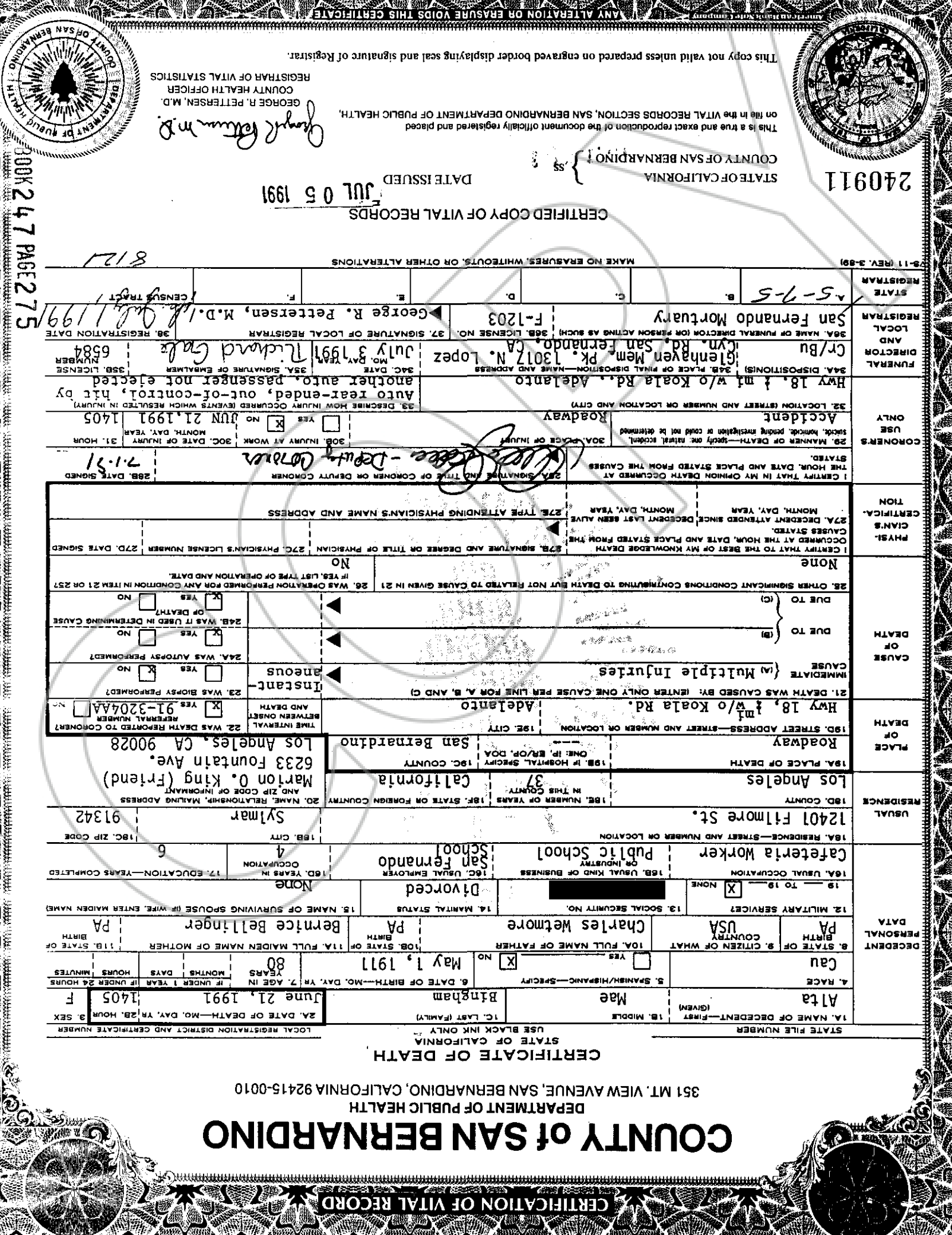
1. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
 29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined. **Accident**
 30A. PLACE OF INJURY **Roadway** 30B. INJURY AT WORK YES NO
 30C. DATE OF INJURY **JUN 21, 1991** 30D. HOUR **1405**
 31. HOUR **1405** 32. LOCATION (STREET AND NUMBER ON LOCATION AND CITY) **Hwy 18, 1/2 mi w/o Koala Rd., Adelanto**
 33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
Auto rear-ended, out-of-control, hit by another auto, passenger not ejected

34A. DISPOSITION(S) **Cr/Bu** 34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS **Glennhaven Mem. Pk. 13017 N. Lopez Ln., San Fernando, CA**
 34C. DATE **JULY 3 1991** 34D. MO., DAY, YEAR **JULY 3 1991** 34E. SIGNATURE OF EMBALMER **[Signature]** 34F. LICENSE NUMBER **6584**
 35A. SIGNATURE OF LOCAL REGISTRAR **[Signature]** 35B. LICENSE NUMBER **6584** 35C. REGISTRATION DATE **JULY 1 1991**
 36. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) **San Fernando Mortuary** 36B. LICENSE NO. **F-1203**
 37. SIGNATURE OF LOCAL REGISTRAR **[Signature]** 37B. LICENSE NO. **F-1203** 38. REGISTRATION DATE **JULY 1 1991**

39. MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
 STATE **CA** 40. STATE OF CALIFORNIA
 COUNTY OF SAN BERNARDINO
 DATE ISSUED **JUL 05 1991**
 REGISTERAR OF VITAL STATISTICS
 COUNTY HEALTH OFFICER
 COUNTY OF SAN BERNARDINO
 REGISTERAR OF VITAL STATISTICS



BOOK 247 PAGE 275



COPY

BOOK 247 PAGE 276

195434

EUREKA COUNTY, NEVADA
M. N. REBELEATI, RECORDER
FILE NO. FEE \$ 7.00

BOOK 247 PAGE 274
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Fabrice Calhoun
93 MAY 13 10:51