

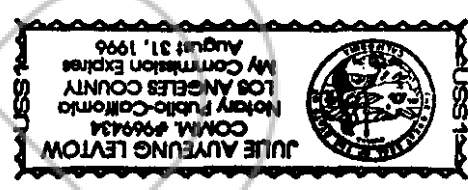
Marion King, beneficiary of Estate of Rosella Peterson, aka, Rusty Peterson, being duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

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. 130629 in Book 205, Page 512, 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 April 1993
personally
appeared before me, a Notary
Public

Marion King who acknowledged that she executed the above instrument.
Signature Julie Aveyung Levton
Notary Public
APN #03-140-07
Los Angeles, California 90028



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COUNTY OF SAN BERNARDINO

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

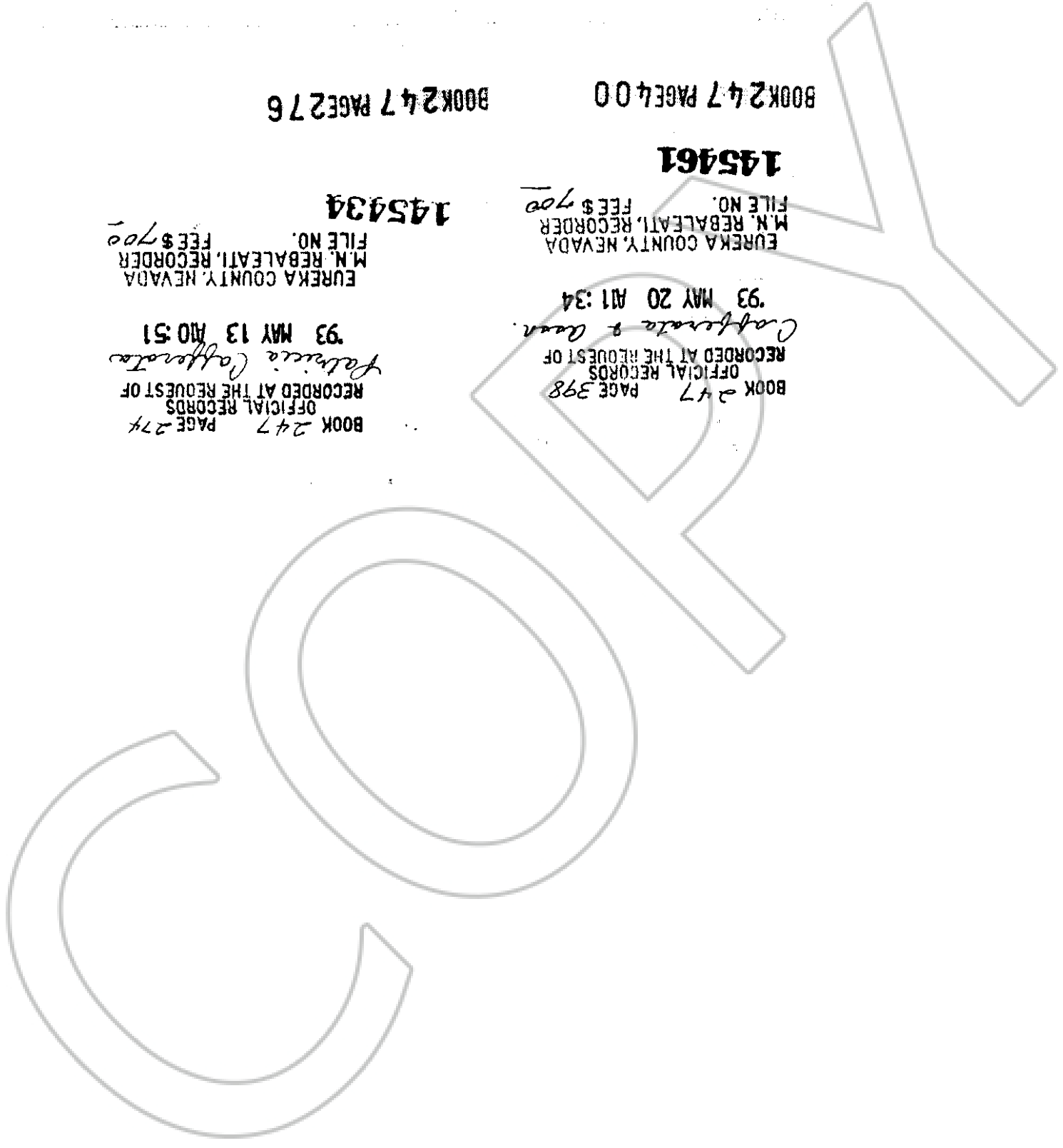
CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE OF CALIFORNIA
USE BLACK INK ONLY

1A. NAME OF DECEDENT—FIRST (GIVEN)	Alta Mae
1B. MIDDLE	Mae
1C. LAST (FAMILY)	Bingham
4. RACE	Cau
5. SPANISH/HISPANIC—SPECIFY	
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
10A. FULL NAME OF FATHER	Charles Wetmore
10B. STATE OF FATHER	PA
10C. FULL MAIDEN NAME OF MOTHER	Bernice Bellingger
10D. STATE OF MOTHER	PA
11. SOCIAL SECURITY NO.	
12. MILITARY SERVICE?	
13. MARRIAGE STATUS	Divorced
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
15. USUAL KIND OF BUSINESS OR INDUSTRY	
16. USUAL OCCUPATION	Cafeteria Worker
17. EDUCATION—YEARS COMPLETED	6
18A. RESIDENCE—STREET AND NUMBER OR LOCATION	12401 Filmore St.
18B. CITY	Sylmar
18C. ZIP CODE	91342
19. NUMBER OF YEARS IN THIS COUNTRY	
19A. PLACE OF DEATH	Los Angeles
19B. STATE OR FOREIGN COUNTRY	California
19C. COUNTY	San Bernardino
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	Roadway
19E. CITY	San Bernardino
19F. STATE OR FOREIGN COUNTRY	Los Angeles, CA 90028
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT	Marton O. King (Friend) 6233 Fountain Ave. Los Angeles, CA 90028
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	
A. IMMEDIATE CAUSE	Multiple Injuries
B. INSTANT CAUSE	Instantaneous
C. UNDERLYING CAUSE	
22. WAS DEATH REPORTED TO CORONER?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
23. WAS BIOPSY PERFORMED?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
24. WAS AUTOPSY PERFORMED?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	
26. IF YES, LIST TYPE OF OPERATION AND DATE	
27. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	
27A. SIGNATURE AND DEGREE OR TITLE OF CORONER OR DEPUTY CORONER	
27B. DATE SIGNED	
27C. PHYSICIAN'S LICENSE NUMBER	
27D. DATE SIGNED	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27F. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27G. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27H. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27I. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27J. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27K. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27L. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27M. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27N. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27O. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27P. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27Q. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27R. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27S. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27T. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27U. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27V. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27W. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27X. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27Y. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	
27Z. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	

1. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	
2. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined.	Roadway Accident
3. PLACE OF DEATH—STREET AND NUMBER OR LOCATION AND CITY.	Hwy 18, 1/2 mi w/o Koala Rd., Adelanto
4. DISPOSITION(S)	Cr/Bu
5. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	San Fernando Mortuary
6. LICENSE NO.	F-1203
7. SIGNATURE OF LOCAL REGISTRAR	George R. Petersen, M.D.
8. REGISTRATION DATE	July 3, 1991
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BOOK 247 PAGE 400

145461

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

BOOK 247 PAGE 398
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
California & Ann.
93 MAY 20 AM 1:34

BOOK 247 PAGE 276

145434

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

BOOK 247 PAGE 274
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Patricia Callender
93 MAY 13 AM 0:51

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