

Name  
Doris J. Sedlak  
Address  
28433 Victoria Road  
Castaic, CA 91310

149921

-----SPACE ABOVE THIS LINE FOR RECORDER-----

2-052-01 02808

**AFFIDAVIT OF DEATH OF JOINT TENANT**

I, Doris J. Sedlak, the named surviving joint tenant, being duly sworn

declare:  
I am 18 years of age or over. The decedent described in the attached certified copy of Certificate of Death is the same person as William A. Sedlak, who is named as one of the parties in that certain Deed dated May 4, 1967 executed by NEVADA TITLE GUARANTEE COMPANY, a Nevada corporation to William A. Sedlak and Doris J. Sedlak, husband and wife, as joint tenants recorded on May 8, 1967 as File No. 44529 of the Official Records of Eureka County, Nevada, covering the property located in the County of Eureka, State of Nevada, more particularly described as follows:

Lot 6 in Block 30, as shown on the map of CRESCENT VALLEY RANCH & FARMS UNIT NO. 1, filed in the office of the County Recorder of Eureka, Nevada on April 6, 1959.  
EXCEPTING any and all oil rights, including the right of entry for exploration and production of oil or other hydrocarbons.  
TOGETHER WITH the tenements, hereditaments, and appurtenances thereunto belonging or appertaining and the reversion and reversions, remainders and remainders, rents, issues and profits thereof.  
RESERVING, HOWEVER, a right of way ten feet in width along all boundaries of lot with right of entry upon, over, under, along, across and through said right of way for the purpose of erecting, constructing, operating, repairing and maintaining pole lines with cross arms for the transmission of electrical energy, and for telephone lines, 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.

**CERTIFICATION MADE UNDER PENALTY OF PERJURY (C.C.P. 2015.5)**

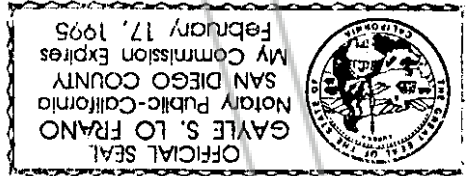
I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Dated: June 28, 1993  
Doris J. Sedlak  
Doris J. Sedlak

STATE OF CALIFORNIA  
COUNTY OF SAN DIEGO

On this 28th day of June, 1993, before me, the undersigned, a notary public in and for said state, personally appeared Doris J. Sedlak, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), 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.



Doris J. Sedlak  
Notary Public  
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CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
19. NAME OF DECEDENT—FIRST		18. MIDDLE		17. LAST	
WILLIAM		ANDREW		SEDIK	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC	
MALE		WHITE/AMERICAN		<input checked="" type="checkbox"/>	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
OHIO		MICHAEL SEDIK - AUSTRIA		MARY PATENGAR - CZECH	
11A. CITIZEN OF MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
USA		[REDACTED]		MARRIED	
16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
5		NEWHALL LAND & FARM		NEW HOME CONSTRUCTION	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN	
28433 VICTORIA ROAD				CASTAIC	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
LOS ANGELES		CALIFORNIA		DORIS SEDIK - WIFE	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
LOS ANGELES		CALIFORNIA		28433 VICTORIA ROAD CASTAIC, CALIFORNIA 91384	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		21E. COUNTY	
7300 MEDICAL CENTER DRIVE		LOS ANGELES		CALIFORNIA	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?	
(A) Cardio-Pulm Arrest		NO		NO	
IMMEDIATE CAUSE		26. WAS AUTOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE		NO		NO	
(B) Cause of Pancreas with mets		UNK		UNK	
DUE TO, OR AS A CONSEQUENCE OF		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		27. DATE OF OPERATION	
NONE		NO		NO	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	
5/11/73		Warren H. Frankel, M.D.		12/20/88	
(ENTER NO., DA, YR.)		28E. TYPE PHYSICIAN'S NAME AND ADDRESS		28F. DATE OF INJURY	
12/20/88		6325 TOPANGA CANYON BLVD WOODLAND HILLS, CALIFORNIA		32A. DATE OF INJURY—MONTH, DAY, YEAR	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR		32C. DATE SIGNED	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
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 (INQUEST-VESTIGATION)		35C. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
BURIAL		DEC. 23, 1988		SAN FERNANDO MISSION CEMETERY 1160 STRANWOOD AVE., MISSION HILLS, CA	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
BASTIAN & PERROTT MORTUARY		1198		[Signature]	
42. DATE ACCEPTED BY LOCAL REGISTRAR		43. LOCAL REGISTRAR—SIGNATURE		44. LOCAL REGISTRAR—SIGNATURE	
DEC 21 1988		[Signature]		[Signature]	
45. STATE REGISTRAR		46. STATE REGISTRAR		47. STATE REGISTRAR	

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

DEC 21 1988

Director of Health Services and Registrar

[Signature]

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VS-11(1-85)

APPLICATION TO AMEND A RECORD BY AFFIDAVIT

I hereby make application to amend the Birth certificate of William Andrew Sedlak (NAME OF PERSON WHOSE RECORD IS BEING AMENDED)

The application should be typed or printed in black ink, because this form becomes a part of a permanent record. If the application to amend the record is filed within 1 year of the date of the occurrence of the event there is no fee for filing the affidavit. If the application to amend the record is filed 1 year or more after the date of occurrence of the event there is a fee for filing the affidavit, which fee includes one certified copy of the newly amended record. There is a fee for each additional certified copy. See reverse side for instructions.

Enclosed is the fee of \$ 45.00 for filing the affidavit and one certified copy of the newly amended record.

Enclosed is the fee of \$ 45.00 for additional certified copies of the newly amended record.

**BASTIAN & PERROTT MORTUARY**  
 18728 Parthenia St.  
 Northridge, CA 91324-3395  
 City State ZIP Code

AFFIDAVIT TO AMEND A RECORD

DATE OF EVENT: Dec 20, 1988

BIRTH  DEATH  FETAL DEATH  MARRIAGE

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

1A. FIRST NAME WILLIAM	1B. MIDDLE NAME ANDREW	1C. LAST NAME SEDLAK
2. SEX MALE	3. DATE OF EVENT DECEMBER 20, 1988	4. PLACE OF OCCURRENCE—CITY AND COUNTY CANOGA PARK - LOS ANGELES
5. NAME OF FATHER MICHAEL SEDLAK	6. BIRTH NAME OF MOTHER MARY PALENCAR	

PART II STATEMENT OF CORRECTIONS

7. ITEM NUMBER	8A. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8B. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
12		

LIST ONE ITEM PER LINE

PERSON FOR CORRECTION

9. To Correct the Records

ART III SUPPORTING AFFIDAVITS

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>William Sedlak</i>	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1. FUNERAL DIRECTOR	12. AGE OF PERSON COMPLETING THE AFFIDAVIT LEGAL
I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>William Sedlak</i>	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1. SECRETARY	17. AGE OF PERSON COMPLETING THE AFFIDAVIT LEGAL

FIRST SUPPORTING AFFIDAVIT

SECOND SUPPORTING AFFIDAVIT

FOR LOCAL REGISTRAR USE ONLY

18. DATE SIGNED Feb. 28, 1988	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 18728 PARTHENIA STREET, NORTHIDGE, CALIFORNIA	20. DATE ACCEPTED	21. OFFICE OF THE STATE OR LOCAL REGISTRAR
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COPY

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149921

EUREKA COUNTY, NEVADA  
M. N. REBALATI, RECORDER  
FILE NO. \_\_\_\_\_  
FEE \$ / -

93 DEC 21 A9 53

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Michelle A. Tullie*