

RECORDING REQUESTED BY  
MICHELLE A. TUTTOLI, Attorney  
AND WHEN RECORDED MAIL TO

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

149923

-----SPACE ABOVE THIS LINE FOR RECORDER----- 02810 7-018-03

**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 2, 1980 executed by FIRST AMERICAN TITLE COMPANY OF NEVADA, formerly known as NEVADA TITLE GUARANTY COMPANY, a Nevada corporation to William A. Sedlak and Doris J. Sedlak, husband and wife, as joint tenants recorded on May 14, 1980 as File No. 73532 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:

Lots 11 and 12 in Block 20 of CRESCENT VALLEY RANCH & FARMS UNIT NO. 1, as per map filed in the office of the County Recorder of Eureka County, 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.

RESERVING, THEREFROM, 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, 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.

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

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.

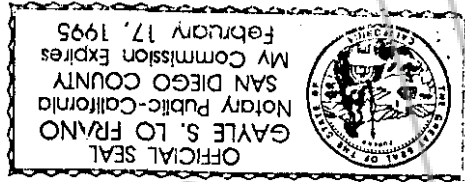
Dated: June 28, 1993

*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

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

|                                                                    |  |                                                                                                                                                        |  |                                                     |  |
|--------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|
| 1A. NAME OF DECEDENT—FIRST                                         |  | 1B. MIDDLE                                                                                                                                             |  | 1C. LAST                                            |  |
| WILLIAM                                                            |  | ANDREW                                                                                                                                                 |  | SEDLAK                                              |  |
| 3. SEX                                                             |  | 4. RACE/ETHNICITY                                                                                                                                      |  | 5. SPANISH/HISPANIC                                 |  |
| MALE                                                               |  | WHITE/AMERICAN                                                                                                                                         |  | NO                                                  |  |
| 8. BIRTHPLACE OF DECEDENT                                          |  | 9. NAME AND BIRTHPLACE OF FATHER                                                                                                                       |  | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER             |  |
| OHIO                                                               |  | MICHAEL SEDLAK - AUSTRIA                                                                                                                               |  | MARY PALENCAR - CZECH                               |  |
| 11A. CITIZEN OF                                                    |  | 11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE                                                                                            |  | 12. SOCIAL SECURITY NUMBER                          |  |
| USA                                                                |  | 1945 TO 1947                                                                                                                                           |  | [REDACTED]                                          |  |
| 15. PRIMARY OCCUPATION                                             |  | 16. NUMBER OF YEARS THIS OCCUPATION                                                                                                                    |  | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)           |  |
| CONST. FOREMAN                                                     |  | 5                                                                                                                                                      |  | NEWHALL LAND & FARM                                 |  |
| 18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) |  | 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)                                                                                    |  | 19B. CITY OR TOWN                                   |  |
| 28433 VICTORIA ROAD                                                |  | 28433 VICTORIA ROAD                                                                                                                                    |  | CASTAIC                                             |  |
| 19D. COUNTY                                                        |  | 19E. STATE                                                                                                                                             |  | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP      |  |
| LOS ANGELES                                                        |  | CALIFORNIA                                                                                                                                             |  | DORIS SEDLAK - WIFE                                 |  |
| 21A. PLACE OF DEATH                                                |  | 21B. COUNTY                                                                                                                                            |  | 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) |  |
| WEST HILLS HOSPITAL                                                |  | LOS ANGELES                                                                                                                                            |  | 28433 VICTORIA ROAD<br>CASTAIC, CALIFORNIA 91384    |  |
| 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)                |  | 21D. CITY OR TOWN                                                                                                                                      |  | 21E. COUNTY                                         |  |
| 7300 MEDICAL CENTER DRIVE                                          |  | CANOGA PARK                                                                                                                                            |  | CALIFORNIA                                          |  |
| 22. DEATH WAS CAUSED BY:                                           |  | 23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN                                                                  |  |                                                     |  |
| (A) Cardio-Pulm Arrest                                             |  | NONE                                                                                                                                                   |  |                                                     |  |
| IMMEDIATE CAUSE                                                    |  | 24. WAS DEATH REPORTED                                                                                                                                 |  |                                                     |  |
| CONDITIONS, IF ANY,                                                |  | 25. WAS DEATH REPORTED TO CORONER?                                                                                                                     |  |                                                     |  |
| WHICH GAVE RISE TO                                                 |  | NO                                                                                                                                                     |  |                                                     |  |
| THE IMMEDIATE CAUSE.                                               |  | 26. WAS AUTOPSY PERFORMED?                                                                                                                             |  |                                                     |  |
| DUE TO, OR AS A CONSEQUENCE OF                                     |  | NO                                                                                                                                                     |  |                                                     |  |
| (B) Cause of pancreas with mets                                    |  | 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?                                                                                       |  |                                                     |  |
| DUE TO, OR AS A CONSEQUENCE OF                                     |  | NO                                                                                                                                                     |  |                                                     |  |
| LYING CAUSE LAST.                                                  |  | 28. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE                                                                                                            |  |                                                     |  |
| STATING THE UNDER-                                                 |  | DORIS H. [Signature]                                                                                                                                   |  |                                                     |  |
| IMMEDIATE CAUSE.                                                   |  | 28C. DATE SIGNED                                                                                                                                       |  |                                                     |  |
| 12/20/88                                                           |  | 12/20/88                                                                                                                                               |  |                                                     |  |
| 28E. TYPE PHYSICIAN'S NAME AND ADDRESS                             |  | 28F. PHYSICIAN'S LICENSE NUMBER                                                                                                                        |  |                                                     |  |
| WARREN H. FRANKEL, M.D.                                            |  | 6823                                                                                                                                                   |  |                                                     |  |
| 6325 TOPANGA CANYON BLVD                                           |  | WOODLAND HILLS, CALIFORNIA                                                                                                                             |  |                                                     |  |
| 30. PLACE OF INJURY                                                |  | 31. INJURY AT WORK                                                                                                                                     |  |                                                     |  |
| WOODLAND HILLS, CALIFORNIA                                         |  | WOODLAND HILLS, CALIFORNIA                                                                                                                             |  |                                                     |  |
| 29. SPECIFY ACCIDENT, SUICIDE, ETC.                                |  | 32A. DATE OF INJURY—MONTH, DAY, YEAR                                                                                                                   |  |                                                     |  |
|                                                                    |  | 32B. HOUR                                                                                                                                              |  |                                                     |  |
| 33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)      |  | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)                                                                                     |  |                                                     |  |
| INJURY INFORMATION                                                 |  | 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-INVESTIGATION |  |                                                     |  |
| CORONER'S USE ONLY                                                 |  | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE                                                                                                             |  |                                                     |  |
|                                                                    |  | 35C. DATE SIGNED                                                                                                                                       |  |                                                     |  |
| 36. DISPOSITION                                                    |  | 37. DATE—MONTH, DAY, YEAR                                                                                                                              |  |                                                     |  |
| BURIAL                                                             |  | DEC. 23, 1988                                                                                                                                          |  |                                                     |  |
| 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY                      |  | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE                                                                                                            |  |                                                     |  |
| SAN FERNANDO MISSION CEMETERY                                      |  | 1160 STRANWOOD AVE., MISSION HILLS, CA 91337                                                                                                           |  |                                                     |  |
| 40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)           |  | 40B. LICENSE NO.                                                                                                                                       |  |                                                     |  |
| BASTIAN & PERROTT MORTUARY                                         |  | 1198                                                                                                                                                   |  |                                                     |  |
| A. STATE                                                           |  | B.                                                                                                                                                     |  | C.                                                  |  |
| REGISTRAR                                                          |  | F.                                                                                                                                                     |  | G.                                                  |  |
| VS-11 (1-85)                                                       |  | 42. DATE ACCEPTED BY LOCAL REGISTRAR                                                                                                                   |  |                                                     |  |
|                                                                    |  | DEC 21 1988                                                                                                                                            |  |                                                     |  |

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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BOOK 263 PAGE 143

APPLICATION TO AMEND A RECORD BY AFFIDAVIT

I hereby make application to amend the Death certificate of William Andrew Sedlak (NAME OF PERSON WHOSE RECORD IS BEING AMENDED) which occurred on Dec. 20, 1988 (DATE OF EVENT)

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.

Signature of Applicant: BASTAN & PEROTT MORTUARY  
 Address of Applicant: 18728 Parthenia St. Northridge, CA 91324-3995  
 City: Northridge State: CA ZIP Code: 91324

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☑ DEATH ☐ FETAL DEATH ☐ MARRIAGE LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

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

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             |                                                            |                                                                                                       |

TYPE ONE LINE

PERSON FOR CORRECTION

ART III SUPPORTING AFFIDAVITS

1. 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: [Signature]  
 11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1: FUNERAL DIRECTOR  
 12. AGE OF PERSON COMPLETING THE AFFIDAVIT: LEGAL  
 13. DATE SIGNED: Feb. 28, 1989  
 14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE): 18728 PARTHENIA STREET, NORTHBRIDGE, CALIFORNIA

1. 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: [Signature]  
 16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1: SECRETARY  
 17. AGE OF PERSON COMPLETING THE AFFIDAVIT: LEGAL  
 18. DATE SIGNED: Feb. 28, 1989  
 19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE): 18728 PARTHENIA STREET, NORTHBRIDGE, CALIFORNIA  
 20. DATE ACCEPTED: Feb. 28, 1989  
 21. OFFICE OF THE STATE OR LOCAL REGISTRAR: 18728 PARTHENIA STREET, NORTHBRIDGE, CALIFORNIA

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149923

EUREKA COUNTY, NEVADA  
M.M. REBALZANI, RECORDER  
FILE NO. FEE \$ 10 -

BOOK 263 PAGE 142  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Michelle A. Tuttle*  
93 DEC 21 AM 10:02

COPY