

Name
Doris J. Sedlak
Address
28433 Victoria Road
Castaic, CA 91310
City, State
& Zip Code

149925

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

2-056-03 02809

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 quitclaim deed dated February 25, 1983 executed by Thomas A. Mathews and Agnes L. Mathews to William A. Sedlak and Doris J. Sedlak, husband and wife, recorded on May 9, 1983 as File No. 87588 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 4 of Block 39 of CRESCENT VALLEY RANCH & FARMS UNIT NO. 1, as per map recorded in said County as File No. 34081.

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

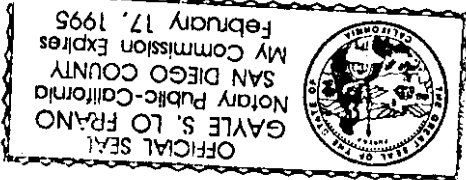
Doris J. Sedlak
Doris J. Sedlak

STATE OF CALIFORNIA)
COUNTY OF SAN DIEGO)

On this 21st 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

1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
WILLIAM		ANDREW		SEDIK	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC	
MALE		WHITE/AMERICAN		NO	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER			
OHIO		MICHAEL SEDIK - AUSTRIA			
11A. CITIZEN OF WHAT COUNTRY		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	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN			
28433 VICTORIA ROAD		LOS ANGELES			
190. COUNTY		191. STATE			
CALIFORNIA		CALIFORNIA			
21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OR TOWN	
LOS ANGELES		CALIFORNIA		LOS ANGELES	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN			
7300 MEDICAL CENTER DRIVE		CANOGA PARK			
22. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			
(A) IMMEDIATE CAUSE		CARDIO-PULM APPERT			
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE		CHANGE OF PRESSURES WITH METS			
(B) STATING THE UNDERLYING CAUSE LAST		DUE TO, OR AS A CONSEQUENCE OF			
DUE TO, OR AS A CONSEQUENCE OF		UNK			
(C) LIVING CAUSE LAST		DUE TO, OR AS A CONSEQUENCE OF			
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		NONE			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE PHYSICIAN'S STATEMENT.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	
5/11/73		WARR H. FRANKEL		12/20/88	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE PHYSICIAN'S STATEMENT.		28B. TYPE PHYSICIAN'S NAME AND ADDRESS		28C. DATE OF INJURY—MONTH, DAY, YEAR	
5/11/73		WARR H. FRANKEL, M.D. 6325 TOPANGA CANYON BLVD. WOODLAND HILLS, CALIFORNIA		12/20/88	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
33A. 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)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE			
		WARR H. FRANKEL			
35C. DATE SIGNED		35D. DATE SIGNED			
		12/20/88			
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
BURIAL		DEC. 23, 1988		SAN FERNANDO MISSION CEMETERY 11160 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. DATE SIGNED			
DEC 21 1988		DEC 21 1988			

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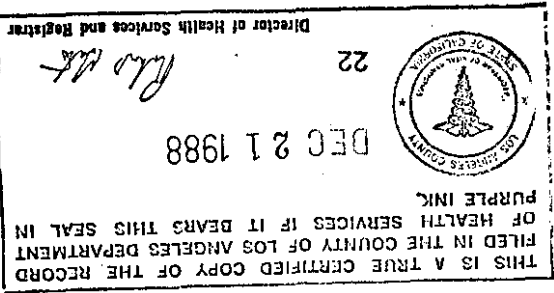
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APPLICATION TO AMEND A RECORD BY AFFIDAVIT

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.

BASTIAN & PEROTT MORTUARY

Signature of Applicant

18728 Parthenia St.

Northridge, CA 91324-3995

Address of Applicant

State

ZIP Code

COMPLETE THIS FORM IN BLACK INK

AFFIDAVIT TO AMEND A RECORD

7. CERTIFICATE NUMBER

BIRTH DEATH FETAL DEATH MARRIAGE LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

ART 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 DORIS PRIVER	

ART II STATEMENT OF CORRECTIONS

7. ITEM NUMBER 12	8A. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8B. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD
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LIST ONE ITEM PER LINE

PERSON FOR REFLECTION

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 A. Bastian</i>	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1. FUNERAL DIRECTOR	12. AGE OF PERSON COMPLETING THE AFFIDAVIT LEGAL
13. DATE SIGNED		14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 18728 PARTHENIA STREET, NORTHBRIDGE, CALIFORNIA		

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 A. Bastian</i>	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1. SECRETARY	17. AGE OF PERSON COMPLETING THE AFFIDAVIT LEGAL
18. DATE SIGNED		19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 18728 PARTHENIA STREET, NORTHBRIDGE, CALIFORNIA		
20. DATE ACCEPTED		21. OFFICE OF THE STATE OR LOCAL REGISTRAR OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS		

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149925

EUREKA COUNTY, NEVADA
M.N. REBATE AND BORDER
FILE NO. FEE \$ 10 -

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Michelle A. Judd

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