

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

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

149927

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

3-034-07 0287

**AFFIDAVIT OF DEATH OF JOINT TENANT**

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

I am 8 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. Matthews and Agnes L. Matthews to William A. and Doris J. Sedlak, husband and wife, recorded on May 9, 1983 as File No. 87587 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 of Block 14 of CRESCENT VALLEY RANCH & FARMS UNIT NO. 3, as per map recorded in said County as File No. 34551.

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

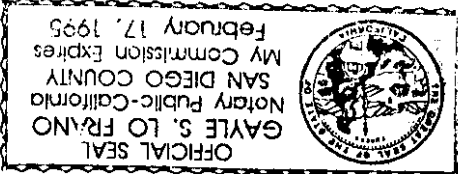
Doris J. Sedlak  
Doris J. Sedlak

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



BOOK 263 PAGE 152

CERTIFICATE OF DEATH

1A. NAME OF DECEDENT—FIRST		18. MIDDLE		1C. LAST	
WILLIAM		ANDREW		SEDLAK	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC	
MALE		WHITE/AMERICAN		NO	
8. BIRTHPLACE OR DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER			
OHIO		MICHAEL SEDLAK - AUSTRIA			
11A. COUNTRY OF MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
USA		[REDACTED]		MARRIED	
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 AND NUMBER OR LOCATION		19B. CITY OR TOWN			
28433 VICTORIA ROAD		CASTAIC			
19D. COUNTY		19E. STATE			
LOS ANGELES		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		CANOCA PARK			
22. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			
(A) IMMEDIATE CAUSE		Medio - Pulin Arrest			
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE:		(A) DUE TO, OR AS A CONSEQUENCE OF			
(B) THE IMMEDIATE CAUSE:		Chance of Proceas with mets			
STATING THE UNDERLYING CAUSE LAST:		(C) DUE TO, OR AS A CONSEQUENCE OF			
24. WAS DEATH REPORTED TO CORONER?		25. WAS BIRTH REPORTED TO CORONER?		26. WAS AUTOPSY PERFORMED?	
NO		NO		NO	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		27. TYPE OF OPERATION			
NO		NO			
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	
NONE		Walter H. [Signature]		12/20/88	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. TYPE PHYSICIAN'S NAME AND ADDRESS		28C. DATE SIGNED	
5/11/73		WARREN 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	
				32A. DATE OF INJURY—MONTH, DAY, YEAR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
CORONER'S USE ONLY		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW (AS REQUIRED BY INVESTIGATION)		35B. 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			
DEC 21 1988		[Signature]			

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]

BOOK 263 PAGE 53

VS-11(1-85)

APPLICATION TO AMEND A RECORD BY AFFIDAVIT

I hereby make application to amend the Birth certificate of William Edward 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 & PEROTTI MORTUARY**  
 Signature of Applicant  
 18728 Parthenia St.  
 Northridge, CA 91324-3395  
 City 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

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 CANOCA 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

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT

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  
 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, NORTHRIDGE, CALIFORNIA

SECOND SUPPORTING AFFIDAVIT

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  
 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, NORTHRIDGE, CALIFORNIA

20. DATE ACCEPTED  
 Feb. 28, 1989

21. OFFICE OF THE STATE OR LOCAL REGISTRAR  
 18728 PARTHENIA STREET, NORTHRIDGE, CALIFORNIA

BOOK 263 PAGE 154

BOOK 263 PAGE 155

EUREKA COUNTY, NEVADA  
M.N. REBALZATI, RECORDER  
FILE NO. 149927  
FEE \$10 -

BOOK 263 PAGE 152  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Michelle A. Thibault*  
93 DEC 21 110:05

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