RECORDING REQUESTED BY
JACK F. AUSTIN
Attorney at Law
AND WHEN RECORDED MAIL TO
FRANCES GRAY
PO BOX 306
DOWNEY CA 90241-0306
ASSESSORS IDENTIFICATION NO.:
3-091-03
Roll - 01550

160941

Affidavit-Death of Trustor/Trustee

STATE OF CALIFORNIA)
) ss.
County of Los Angeles)

FRANCES GRAY of legal age, being first duly sworn, deposes and says that:

1. HELEN VIRGINIA LOBEJKO, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HELEN V. LOBEJKO, the creator and Trustor of that certain trust agreement known as the HELEN V. LOBEJKO TRUST, dated May 16, 1990, which created a Revocable Trust.

2. Under the trust, HELEN V. LOBEJKO, also known as HELEN LOBEJKO, was the original Trustee. By reason of the death of HELEN V. LOBEJKO, FRANCES GRAY is now the sole Successor Trustee of said trust.

3. HELEN V. LOBEJKO, also known as HELEN LOBEJKO, as the creator of said Revocable Trust, on May 16, 1990, by Trust Transfer Deed, conveyed the following real property to HELEN V. LOBEJKO, as Trustee of the HELEN V. LOBEJKO TRUST dated May 16, 1990, said Deed being recorded as Instrument No. 132359 on May 21, 1990, in Book 210, Page 399, of Official Records of Eureka County, Nevada, covering that certain real property situate in the County of Eureka, State of Nevada, described as:

Lot 3 of Block 1 of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 4, as per map recorded in said County as File No. 34552.

Dated: January 16, 1996

Frances Gray
FRANCES GRAY, Successor Trustee of the HELEN V. LOBEJKO TRUST of 05-16-1990.

SUBSCRIBED AND SWORN TO before me this 16th day of January, 1996.

Linda L Guthrie
LINDA L. GUTHRIE

LINDA L. GUTHRIE
COMM. # 991583
Notary Public — California
LOS ANGELES COUNTY
My Comm. Expires MAY 27, 1997

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER | USE BLACK INK ONLY | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY, YR	2B. HOUR	3. SEX
HELEN	VIRGINIA	LOBEJKO	11/22/1993	1300	FE

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO, DAY, YR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
CAUCASIAN	[ ] YES _____ [X] NO	06/24/1903	90		

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
PA	USA	ALVIN U. LONG	PA	ANNE F. DICKEY	PA

12. MILITARY SERVICE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ [X] NONE	[redacted]	WIDOWED	NONE

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
HOMEMAKER	OWN HOME	SELF EMPLOYED	65	14

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
15702 PITTS	PARAMOUNT	90723

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS ANGELES	30	CALIFORNIA	FRANCES GRAY - daughter 13817 GARDENLAND BELLFLOWER, CA 90706

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
Kaiser Foundation Hosp.	IP	Los Angeles	9400 E. Rosecrans Avenue	Bellflower

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cerebrovascular Accident	days
DUE TO	(B) Hypertension	yrs.
DUE TO	(C)	

22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER: [ ] YES _____ [X] NO

23. WAS BIOPSY PERFORMED: [ ] YES [X] NO

24A. WAS AUTOPSY PERFORMED: [ ] YES [X] NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH: [ ] YES [X] NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: Thrombocythemia, Aortic Stenosis, Atrial Fib.

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE.: No

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
Honorata M. Oktay M.D.	A 025728	11/23/93

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
08/04/1978	11/22/1993	Honorata Oktay,MD,9400 E Rosecrans,Bellflower,CA 90706

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER

28B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
		[ ] YES [ ] NO		

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY, YR.	35A. SIGNATURE OF EMBALMER	35B. LICENSE NO.
TR/BU	WOODLAND CEMETERY ALIQUIPPA, PA 15001	11/28/1993	D Murphy	7418

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
FOREST LAWN MORTUARY CYPRESS	FD-1051	Robert C. Taylor M.D.	NOV 24 1993

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 7-92) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

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.

NOV 24 1993

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Director of Health Services and Registrar

BOOK 292 PAGE 471
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Jack F. Austin
96 JAN 25 AM 11:27

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEE$ 8.00

160941

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