

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.

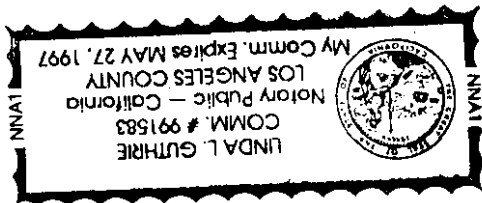
Dated: January 16, 1996

SUBSCRIBED AND SWORN TO before me

this 16th day of January, 1996.

LINDA L. GUTHRIE

BOOK 292 PAGE 471



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

CERTIFICATE OF DEATH

1A. NAME OF DECEASED—FIRST (GIVEN)		HELEN		1B. MIDDLE		VIRGINIA		1C. LAST (FAMILY)		LOBEJKO		2A. DATE OF DEATH—MO., DAY, YR.		11/22/1993		3. SEX		FE			
8. STATE OF		CAUCASIAN		9. CITIZEN OF WHAT COUNTRY		USA		10A. FULL NAME OF FATHER		ALVIN U. LONG		10B. STATE OF BIRTH		PA		10C. FULL MAIDEN NAME OF MOTHER		ANNE F. DICKY			
12. MILITARY SERVICE		NONE		13. SOCIAL SECURITY NO.		[REDACTED]		14. MARITAL STATUS		WIDOWED		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)		NONE		17. EDUCATION—YEARS COMPLETED		14			
16A. USUAL OCCUPATION		HOMEMAKER		16B. USUAL KIND OF BUSINESS		OWN HOME		16C. USUAL EMPLOYER		SELF EMPLOYED		16D. YEARS IN OCCUPATION		65		18B. CITY		PARAMOUNT			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		15702 PITTS		18B. NUMBER OF YEARS IN THIS COUNTRY		30		18C. STATE OR FOREIGN COUNTRY		CALIFORNIA		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT		FRANCES GRAY - daughter		13817 GARDENLAND		BELLFLOWER, CA 90706			
19A. PLACE OF DEATH		Kaiser Foundation Hosp.		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		IP		19C. COUNTY		Los Angeles		22. WAS DEATH REPORTED TO CORONER		YES		23. WAS BIOPSY PERFORMED		YES			
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		(A) Cerebrovascular Accident		23. WAS BIOPSY PERFORMED		YES		24. WAS AUTOPSY PERFORMED		YES		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		NO		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25		YES			
27. DEATH CERTIFICATE		11/23/93		27A. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		Honorable Oktay, MD, 9400 E Rosecrans, Bellflower, CA 90706		27B. SIGNATURE AND TITLE OF CERTIFIER		[Signature]		27C. CERTIFIER'S LICENSE NUMBER		A 025728		27D. DATE SIGNED		11/23/93			
28. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK		YES		30C. DATE OF INJURY		MONTH, DAY, YEAR		31. HOUR		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. DATE MO., DAY, YR.		11/28/1993	
34A. DISPOSITION(S)		WOODLAND CEMETERY		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		ALTOIPPA, PA 15001		34C. DATE MO., DAY, YR.		11/28/1993		35A. SIGNATURE OF EMBALER		[Signature]		35B. LICENSE NO.		7418			
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		36C. DATE MO., DAY, YR.		11/28/1993		36D. SIGNATURE OF LOCAL REGISTRAR		[Signature]		36E. LICENSE NO.		7418		36F. DATE MO., DAY, YR.		11/28/1993			
37. SIGNATURE OF LOCAL REGISTRAR		[Signature]		37. SIGNATURE OF LOCAL REGISTRAR		[Signature]		37. SIGNATURE OF LOCAL REGISTRAR		[Signature]		37. SIGNATURE OF LOCAL REGISTRAR		[Signature]		37. SIGNATURE OF LOCAL REGISTRAR		[Signature]			
38. REGISTRATION DATE		NOV 24 1993		38. REGISTRATION DATE		NOV 24 1993		38. REGISTRATION DATE		NOV 24 1993		38. REGISTRATION DATE		NOV 24 1993		38. REGISTRATION DATE		NOV 24 1993			

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

NOV 24 1993

Director of Health Services and Registrar

BOOK 292 PAGE 471

OFFICIAL RECORDS

RECORDED AT THE REQUEST OF

96 JAN 25 AM 11:27

EUREKA COUNTY, NEVADA

M.N. REBAL EATL. RECORDER

FILE NO.

FEES \$8.00

BOOK 292 PAGE 472

160941