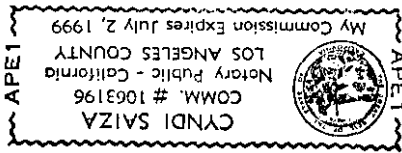


Notary Public Commissioned for said County and State
(Sign) *[Signature]*

this 20th day of August, 19 96

Subscribed and Sworn to before me



Betty Gruss

[Signature]

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 1,500.00

BOOK 300 PAGE 108

Parcel No. 005-520-13

Betty Gruss, being first duly sworn, deposes and says: that Vera Grace Hahn, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Vera Grace Hahn named as one of the parties in that certain Joint Tenant Deed dated May 18, 19 1968 executed by Vera Grace Hahn and Betty Gruss, a widow to Vera Grace Hahn as joint tenants, recorded as Instrument No. 46923 on May 21, 19 68, in Book 24, Page 130-131 of state of Nevada Records of Eureka, Nevada, covering the following described property situated in the said County, State of California, County, California, Range 49 East, M.D.B.M. as per Government Survey. The Northwest quarter of the Northeast quarter of Section 19, Township 29 North,

State of California, County of Los Angeles } ss.

ALL				
PTN				

Title Order No. Escrow or Loan No.

AFFIDAVIT - DEATH JOINT TENANT

SPACE ABOVE THIS LINE FOR RECORDERS USE

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

NAME: Betty Gruss
 ADDRESS: 4835 E. Anaheim Street #106 Long Beach CA 90804
 CITY, STATE, ZIP: Long Beach CA 90804



164404

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE CITY OF LONG BEACH DEPARTMENT OF PUBLIC HEALTH IF IT BEARS THIS STAMP IN PURPLE INK.

JUN 18 1996

Health Officer and Registrar
[Signature]
 INITIAL

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)	Vera	2. MIDDLE	Grace
3. LAST (FAMILY)	Hahn		
4. DATE OF BIRTH M/M/DD/CCYY	09/01/1902	5. AGE YRS	93
6. AGE YRS	93	7. DATE OF DEATH M/M/DD/CCYY	06/16/1996
8. SEX	Female	9. HOURS	2115
9. STATE OF BIRTH	PA	10. SOCIAL SECURITY NO.	
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE	
11. MILITARY SERVICE		12. MARITAL STATUS	Widowed
12. MARITAL STATUS	Widowed	13. EDUCATION—YEARS COMPLETED	12
13. EDUCATION—YEARS COMPLETED	12	14. RACE	White
14. RACE	White	15. USUAL EMPLOYER	Self
15. USUAL EMPLOYER	Self	16. YEARS IN OCCUPATION	20
16. YEARS IN OCCUPATION	20	17. OCCUPATION	Registered Nurse
17. OCCUPATION	Registered Nurse	18. KIND OF BUSINESS	Health Care
18. KIND OF BUSINESS	Health Care	19. RESIDENCE—STREET AND NUMBER OR LOCATION	5001 East Anaheim Street
19. RESIDENCE—STREET AND NUMBER OR LOCATION	5001 East Anaheim Street	20. RESIDENCE—CITY	Long Beach
20. RESIDENCE—CITY	Long Beach	21. COUNTY	Los Angeles
21. COUNTY	Los Angeles	22. ZIP CODE	90804
22. ZIP CODE	90804	23. YEARS IN COUNTY	55
23. YEARS IN COUNTY	55	24. STATE OR FOREIGN COUNTRY	CA
24. STATE OR FOREIGN COUNTRY	CA	25. NAME, RELATIONSHIP	Betty Grues—Daughter
25. NAME, RELATIONSHIP	Betty Grues—Daughter	26. MARITAL ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)	4835 E. Anaheim St. #106, Long Beach CA 90804
26. MARITAL ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)	4835 E. Anaheim St. #106, Long Beach CA 90804	27. LAST (Maiden Name)	
27. LAST (Maiden Name)		28. NAME OF SURVIVING SPOUSE—FIRST	
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE	
29. MIDDLE		30. LAST (Maiden Name)	
30. LAST (Maiden Name)		31. NAME OF FATHER—FIRST	
31. NAME OF FATHER—FIRST		32. MIDDLE	
32. MIDDLE		33. LAST	Palmer
33. LAST	Palmer	34. BIRTH STATE	PA
34. BIRTH STATE	PA	35. NAME OF MOTHER—FIRST	
35. NAME OF MOTHER—FIRST		36. MIDDLE	
36. MIDDLE		37. LAST (Maiden)	Anderson
37. LAST (Maiden)	Anderson	38. BIRTH STATE	PA
38. BIRTH STATE	PA	39. DATE M/M/DD/CCYY	06/19/1996
39. DATE M/M/DD/CCYY	06/19/1996	40. PLACE OF FINAL DISPOSITION	Grandview Cemetery 1341 Glenwood Road Glendale California
40. PLACE OF FINAL DISPOSITION	Grandview Cemetery 1341 Glenwood Road Glendale California	41. TYPE OF DISPOSITION(S)	CR/BU
41. TYPE OF DISPOSITION(S)	CR/BU	42. SIGNATURE OF EMBALMER	Not Embalmed
42. SIGNATURE OF EMBALMER	Not Embalmed	43. LICENSE NO.	
43. LICENSE NO.		44. NAME OF FUNERAL DIRECTOR	Mckenzie Mortuary
44. NAME OF FUNERAL DIRECTOR	Mckenzie Mortuary	45. LICENSE NO.	FD-1539
45. LICENSE NO.	FD-1539	46. SIGNATURE OF LOCAL REGISTRAR	<i>[Signature]</i>
46. SIGNATURE OF LOCAL REGISTRAR	<i>[Signature]</i>	47. DATE M/M/DD/CCYY	06/17/1996
47. DATE M/M/DD/CCYY	06/17/1996	101. PLACE OF DEATH	Bel Vista Convalescent Hosp.
101. PLACE OF DEATH	Bel Vista Convalescent Hosp.	102. IN HOSPITAL, SPECIFY ONE:	<input checked="" type="checkbox"/> DOA <input type="checkbox"/> ER/OP <input type="checkbox"/> IP <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER
102. IN HOSPITAL, SPECIFY ONE:	<input checked="" type="checkbox"/> DOA <input type="checkbox"/> ER/OP <input type="checkbox"/> IP <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER	103. FACILITY OTHER THAN HOSPITAL	Los Angeles
103. FACILITY OTHER THAN HOSPITAL	Los Angeles	104. COUNTY	Los Angeles
104. COUNTY	Los Angeles	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION	5001 East Anaheim Street
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION	5001 East Anaheim Street	106. CITY	Long Beach
106. CITY	Long Beach	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
108. DEATH REPORTED TO CORONER	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	109. BIOPSY PERFORMED	<input type="checkbox"/> YES <input type="checkbox"/> NO
109. BIOPSY PERFORMED	<input type="checkbox"/> YES <input type="checkbox"/> NO	110. AUTOPSY PERFORMED	<input type="checkbox"/> YES <input type="checkbox"/> NO
110. AUTOPSY PERFORMED	<input type="checkbox"/> YES <input type="checkbox"/> NO	111. USED IN DETERMINING CAUSE	<input type="checkbox"/> YES <input type="checkbox"/> NO
111. USED IN DETERMINING CAUSE	<input type="checkbox"/> YES <input type="checkbox"/> NO	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107	None
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107	None	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 ON 112? IF YES, LIST TYPE OF OPERATION AND DATE.	No
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 ON 112? IF YES, LIST TYPE OF OPERATION AND DATE.	No	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE		115. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN	<i>[Signature]</i>
115. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN	<i>[Signature]</i>	116. LICENSE NO.	A20688
116. LICENSE NO.	A20688	117. DATE M/M/DD/CCYY	06/17/1996
117. DATE M/M/DD/CCYY	06/17/1996	118. TYPE ATTENDING PHYSICIAN'S NAME, MAKING ADDRESS + ZIP	T. McCloy, M.D., 1045 Atlantic Ave., #1019, Long Beach CA 90813
118. TYPE ATTENDING PHYSICIAN'S NAME, MAKING ADDRESS + ZIP	T. McCloy, M.D., 1045 Atlantic Ave., #1019, Long Beach CA 90813	119. MANNER OF DEATH	<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED
119. MANNER OF DEATH	<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	120. INJURY AT WORK	<input type="checkbox"/> YES <input type="checkbox"/> NO
120. INJURY AT WORK	<input type="checkbox"/> YES <input type="checkbox"/> NO	121. INJURY DATE M/M/DD/CCYY	
121. INJURY DATE M/M/DD/CCYY		122. HOUR	
122. HOUR		123. PLACE OF INJURY	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		126. SIGNATURE OF CORONER OR DEPUTY CORONER	
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY	
127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		FAX AUTH. #	
FAX AUTH. #		CENSUS TRACT	
CENSUS TRACT			

CERTIFICATE OF DEATH

USE BLACK INK ONLY/NO ERASERS, WHITOUTS OR ALTERNATIONS

VA-11 (REV. 7/93)

LOCAL REGISTRATION NUMBER

COPY

164404

BOOK 300 PAGE 108
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
John Smith
96 AUG 22 PM 1:06
EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. *164404*
FEES *9.00*