

Recording requested by and
when recorded mail to:

Weitkamp & Weitkamp
10724 White Oak Ave.
Granada Hills, Ca 91344

MAIL TAX STATEMENTS TO:

James W. Stahl, Jr.
28539 Victoria Rd.
Castaic, CA 91384

164515

AFFIDAVIT OF DEATH

State of California
County of Los Angeles
) ss

JAMES WILLIAM STAHL, of legal age, being first duly sworn, deposes and says:

That MARY LOUISE STAHL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARY L. STAHL, named as one having an interest in that certain unrecorded Revocable Living Trust dated March 24, 1993, executed by MARY L. STAHL as Trustor and MARY L. STAHL as Trustee, and affecting the following described real property situated in the County of Eureka, State of Nevada:

The Northwest quarter of the Southwest quarter of Section 13, Township 31 North, Range 48 East, M.D.B.&M., as per Government Survey, County of Eureka, State of Nevada

ASSESSOR'S PARCEL NUMBER: 5-010-48

The undersigned is the duly appointed and acting Successor Trustee of the aforesaid Trust.

Dated: Aug. 30, 1996.

James William Stahl
JAMES WILLIAM STAHL

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES
) ss

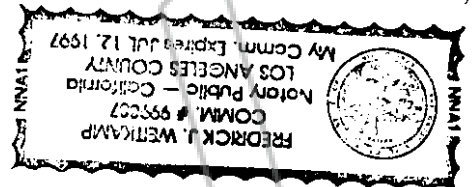
The undersigned, being duly sworn, says: That he has read the foregoing, and know the contents thereof, and that the facts stated therein are true.

James William Stahl
JAMES WILLIAM STAHL, Affiant

SUBSCRIBED AND SWORN to before me on

Aug. 30, 1996

Notary Public in and for said State



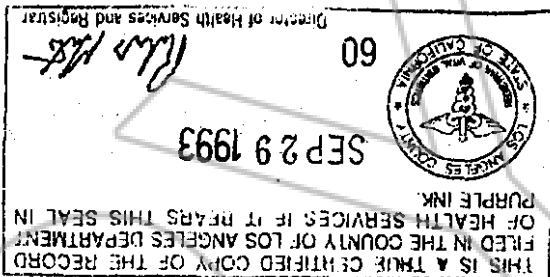
BOOK 300 PAGE 307

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		2A. DATE OF DEATH—MO., DAY, YR.		2B. HOUR		3. SEX	
MARV		LOUISE		STAHL		09/27/1993		2025		F	
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO., DAY, YR.		7. AGE IN YEARS		8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY	
White				03/08/1915		78		KS		U.S.A.	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)		16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY	
None				Widowed		None		Fire Lookout		Civil Service	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE		18D. COUNTRY		18E. NUMBER OF YEARS IN THIS COUNTRY		18F. STATE OR FOREIGN COUNTRY	
17774 San Fernando Mission Blvd.		Granada Hills		91344		California		40		California	
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		19D. CITY		19E. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19F. CITY	
Residence				Los Angeles		Los Angeles		17774 San Fernando Mission Blvd. Granada Hills		Granada Hills	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. WAS DEATH REPORTED TO CORONER?		23. WAS BODYPY PERFORMED?		24. WAS AUTOPSY PERFORMED?		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25?	
CARDIAC ARREST		NO		NO		NO		CA OF LUNG WITH METASTASIS		NO	
CIRCULATORY COLLAPSE		NO		NO		NO		5 min		NO	
DUE TO (B)		NO		NO		NO		5 min		NO	
DUE TO (C)		NO		NO		NO		1 Yr		NO	
27A. DECEASED ATTENDED SINCE DECEASED LAST SEEN ALIVE		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27F. DATE SIGNED	
06/19/1987		Theodore Petroff		A 15058		09/29/93		Theodore Petroff/7111 Winnetka Ave/Canoga Park/CA/91306		09/29/93	
28. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED		28C. PLACE OF INJURY		28D. INJURY AT WORK		28E. DATE OF INJURY	
I CERTIFY THAT THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.											
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		30D. HOUR		30E. MONTH, DAY, YEAR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. DATE		35A. SIGNATURE OF EMALMER		35B. LICENSE NUMBER		35C. DATE	
				09/29/93		Not Embalmed		None		09/29/93	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		36C. SIGNATURE OF LOCAL REGISTRAR		36D. DATE		36E. MONTH, DAY, YEAR		36F. HOUR	
ABBOTT & HAST		FD 1399		09/29/93		09/29/93		09/29/93		09/29/93	
38. REGISTRATION DATE		39. REGISTRATION DATE		40. REGISTRATION DATE		41. REGISTRATION DATE		42. REGISTRATION DATE		43. REGISTRATION DATE	
SEP 29 1993		SEP 29 1993		SEP 29 1993		SEP 29 1993		SEP 29 1993		SEP 29 1993	



BOOK 300 PAGE 308

BOOK 300 PAGE 309

[Faint, illegible text]

COPY

164515

BOOK 300 PAGE 307
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Robertson & Robertson
96 SEP -5 AM 11:47
EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES \$9.00