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

Fredrick J. Weitkamp
Notary Public in and for said State

FREDRICK J. WEITKAMP
COMM. # 995007
Notary Public — California
LOS ANGELES COUNTY
My Comm. Expires JUL 12, 1997

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

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
MARY	LOUISE	STAHL	09/27/1993	2025	F

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
White	☐ YES ☒ NO	03/08/1915	78		

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
KS	U.S.A.	Buren Reese	UNK	Beulah Cameron	UNK

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ 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
Fire Lookout	Civil Service	U.S.D.A.	25	10

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
17274 San Fernando Mission Blvd.	Granada Hills	91344

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	40	California	James Stahl - Son 28539 Victoria Road Castaic, CA 91384

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Residence		Los Angeles

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
17274 San Fernando Mission Blvd	Granada Hills

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)	CARDIAC ARREST	5 Min
DUE TO (B)	CIRCULATORY COLLAPSE	5 Min
DUE TO (C)	CA OF LUNG WITH METASTASIS	1 Yr

22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER ☐ YES ☒ XX NO

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: NONE

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.

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
06/19/1987	09/22/1993	Theodore Petroff MD	A 15058	09/29/93

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Theodore Petroff/7111 Winnetka Ave/Canoga Park/CA/91306

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, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
CR/RES	28539 Victoria Road Castaic, CA 91384	09/29/93	Not Embalmed	None

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
ABBOTT & HAST	FD 1399	Robert C. Hast MC	SEP 29 1993

STATE REGISTRAR

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

VS-11 (REV. 3-91) 1/29

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

01-9-1-7305

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.

SEP 29 1993

60

Director of Health Services and Registrar

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Weithamp & Weithamp
96 SEP -5 AM 11:47

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEE$ 9.00

164515

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