

Order No.  
Escrow No.  
Loan No.

174708

WHEN RECORDED MAIL TO:

BETTY J. ROBERTSON  
2795 NORTH BETH PLACE  
SIMI VALLEY, CALIFORNIA 93065

SPACE ABOVE THIS LINE FOR RECORDEE'S USE

AFFIDAVIT — DEATH OF JOINT TENANT

STATE OF CALIFORNIA }  
COUNTY OF LOS ANGELES } ss.  
\_\_\_\_\_ }

BETTY J. ROBERTSON

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

That ALEX JOE MAGAS, the decedent mentioned in the attached certified copy of

Certificate of Death is the same person as ALEX MAGAS

named as one of the parties in that certain JOINT TENANCY DEED dated JULY 1, 1968

executed by ALBERT Z. SHELLEY AND HELEN L. SHELLEY

to ALEX MAGAS AND DOROTHY MAGAS, HUSBAND AND WIFE

as joint tenants, recorded as Instrument No. 47888 on OCTOBER 11, 1968 in

Book 26, Page 182, of Official Records of EUREKA County, NEVADA

covering the following described property situated in the County of EUREKA, State of NEVADA

THE EAST ONE-HALF OF THE NORTHEAST ONE-QUARTER OF SECTION 15, TOWNSHIP 31 NORTH,  
RANGE FORTY-EIGHT EAST, M.D.B.M. AS PER GOVERNMENT SURVEY.

RESERVING THEREFROM AN EASEMENT OF 30 FEET ALONG ALL BOUNDARIES FOR INGRESS AND  
EGRESS WITH POWER TO DEDICATE.

APN: 05-010-37

AKA: 80 ACRES, EUREKA COUNTY, NEVADA

Dated JUNE 1, 2000

*Betty J. Robertson*  
BETTY J. ROBERTSON

SUBSCRIBED AND SWORN TO before me, the undersigned,  
a Notary Public in and for said State,

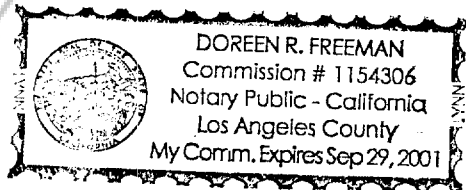
this 3RD day of JUNE, 2000

WITNESS my hand and official seal.

Signature *Doreen R. Freeman*

DOREEN R. FREEMAN

Name (Typed or Printed)



(This area for official notarial seal)

BOOK 335 PAGE 007

# COUNTY OF LOS ANGELES

## DEPARTMENT OF HEALTH SERVICES

### CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
ALEX		JOE		MAGAS	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		6. SEX	
05/10/1918		80		M	
7. DATE OF DEATH MM/DD/CCYY		8. HOUR		9. MINUTE	
07/22/1998		1336			
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
Ohio		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		Married	
13. EDUCATION—YEARS COMPLETED		14. RACE		15. USUAL EMPLOYER	
12		White		Rams Barber Shop	
16. OCCUPATION		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION	
Barber		Barber Shop		44	
19. RESIDENCE—(STREET AND NUMBER OR LOCATION)					
17908 Lull Street					
20. CITY		21. COUNTY		22. ZIP CODE	
Reseda		Los Angeles		91335	
23. YRS IN COUNTY		24. STATE OR FOREIGN COUNTRY		25. DATE OF BIRTH	
80		Calif.		Ohio	
26. NAME, RELATIONSHIP					
Dorothy Magas - Wife					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)					
17908 Lull St., Reseda, Calif. 91335					
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
Dorothy		-		Reece	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
John		-		Magas	
34. NAME OF MOTHER—FIRST		35. MIDDLE		36. LAST (MAIDEN)	
Rose		-		Dudash	
37. DATE MM/DD/CCYY		38. PLACE OF FINAL DISPOSITION		39. BIRTH STATE	
07/28/1998		Forest Lawn Mem. Park 6300 Forest Lawn Dr., Los Angeles, CA 90068		Ohio	
40. TYPE OF DISPOSITION(S)					
Burial					
41. SIGNATURE OF EMBALMER					
NOT EMBALMED					
42. LICENSE NO.					
FD906					
43. DATE MM/DD/CCYY					
07/28/1998					
44. NAME OF FUNERAL DIRECTOR					
LORENZEN MORTUARY - Reseda					
45. PLACE OF DEATH					
Northridge Care Center					
46. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)					
7836 Reseda Boulevard					
47. COUNTY					
Los Angeles					
48. CITY					
Reseda					
49. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease					
DUE TO (B)					
DUE TO (C)					
DUE TO (D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
Dementia					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
No					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.					
DECEDENT ATTENDED SINCE / DECEDENT LAST SEEN ALIVE					
MM/DD/CCYY MM/DD/CCYY					
07/18/1998 07/18/1998					
115. SIGNATURE AND TITLE OF CERTIFIER					
Robert Finkelstein, M.D. 18460 Roscoe Blvd., Northridge, Calif. 91324					
116. LICENSE NO.					
G36069					
117. DATE MM/DD/CCYY					
07/23/1998					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP					
119. HANDED 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					
121. INJURY DATE MM/DD/CCYY					
122. HOUR					
123. PLACE OF INJURY					
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER					
127. DATE MM/DD/CCYY					
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
STATE REGISTRAR					
A B C D E F G H FAX AUTH. # CENSUS TRACT					

090138777

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

*Mark Sp...* 084  
Director of Health Service and Registrar

DATE ISSUED

JUL 23 1998 335 PAGE 008

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BOOK 335 PAGE 007  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*D & Escrow Corp.*  
00 JUN 13 PM 1:05  
EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 9<sup>00</sup>

**174708**

COPY

BOOK 335 PAGE 009