

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 RECORDER'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,

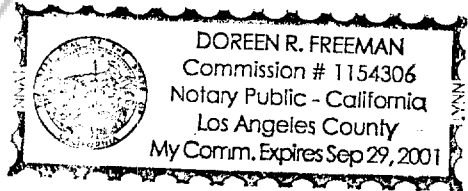
this 3RD day of JUNE, 2000

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) ALEX			2. MIDDLE JOE			3. LAST (FAMILY) MAGAS					
4. DATE OF BIRTH M/M/DD/CYY 05/10/1918		5. AGE YRS. 80		6. SEX M		7. DATE OF DEATH M/M/DD/CYY 07/22/1998		8. HOUR 1336			
9. STATE OF BIRTH Ohio		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 12			
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Rams Barber Shop							
17. OCCUPATION Barber		18. KIND OF BUSINESS Barber Shop		19. YEARS IN OCCUPATION 44							
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 17908 Lu11 Street											
21. CITY Reseda			22. COUNTY Los Angeles		23. ZIP CODE 91335		24. YRS IN COUNTY 80	25. STATE OR FOREIGN COUNTRY Calif.			
26. NAME, RELATIONSHIP Dorothy Magas - Wife				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 17908 Lu11 St., Reseda, Calif. 91335							
28. NAME OF SURVIVING SPOUSE—FIRST Dorothy		29. MIDDLE -		30. LAST (MAIDEN NAME) Reece							
31. NAME OF FATHER—FIRST John		32. MIDDLE -		33. LAST Magas		34. BIRTH STATE Ohio					
35. NAME OF MOTHER—FIRST Rose		36. MIDDLE -		37. LAST (MAIDEN) Dudash		38. BIRTH STATE Ohio					
39. DATE M/M/DD/CYY 07/28/1998		40. PLACE OF FINAL DISPOSITION Forest Lawn Mem. Park 6300 Forest Lawn Dr., Los Angeles, CA 90068									
41. TYPE OF DISPOSITION(S) Burial		42. SIGNATURE OF EMBALMER NOT EMBALMED					43. LICENSE NO. -				
44. NAME OF FUNERAL DIRECTOR LORENZEN MORTUARY - Reseda		45. LICENSE NO. FD906		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark Spurr</i>			47. DATE M/M/DD/CYY 07/28/1998				
101. PLACE OF DEATH Northridge Care Center		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input checked="" type="checkbox"/> CONV. HOSP.		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Los Angeles					
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 7836 Reseda Boulevard		106. CITY Reseda									
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Arteriosclerotic Heart Disease		TIME INTERVAL BETWEEN ONSET AND DEATH Mos.		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER							
109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" 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 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 M/M/DD/CYY 07/18/1998 07/18/1998		115. SIGNATURE AND TITLE OF CERTIFIER <i>Robert Finkelstein</i>		116. LICENSE NO. G36069		117. DATE M/M/DD/CYY 07/23/1998					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Robert Finkelstein, M.D. 18460 Roscoe Blvd., Northridge, Calif. 91324											
119. HANDED TO CORONER'S USE ONLY <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 M/M/DD/CYY		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 <i>Mark Spurr</i>			127. DATE M/M/DD/CYY		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 Spurr 084
Director of Health Service and Registrar

DATE ISSUED

JUL 23 1998 3 35 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 9⁰⁰

174708

COPY

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