

Order No.
Escrow No.
Loan No.

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 _____ DEED _____ dated _____ DECEMBER 6, 1967 _____
executed by _____ NEVADA TITLE GUARANTY COMPANY _____
to _____ ALEX MAGAS AND DOROTHY MAGAS, HUSBAND AND WIFE _____
as joint tenants, recorded as Instrument No. _____ 45734 _____ on _____ DECEMBER 7, 1967 _____ in
Book _____ 21 _____, Page _____ 407 _____, of Official Records of _____ EUREKA _____ County, NEVADA
covering the following described property situated in the County of _____ EUREKA _____, State of NEVADA

LOT 13 IN BLOCK 6, AS SHOWN ON THE MAP OF CRESCENT VALLEY RANCH & FARMS, UNIT NO. 2,
FILED IN THE OFFICE OF THE COUNTY RECORDER OF EUREKA COUNTY, NEVADA, ON JULY 6, 1959.

APN: 07-226-09
AKA: LOT, 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,

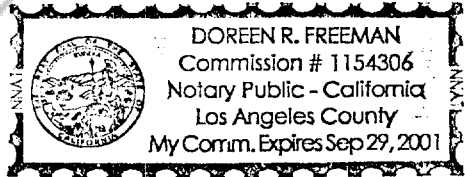
this _____ 3RD _____ day of _____ JUNE, 2000 _____

WITNESS my hand and official seal.

Signature *Doreen R. Freeman*

DOREEN R. FREEMAN

Name (Typed or Printed)



(This area for official notarial seal)

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/87)						LOCAL REGISTRATION NUMBER													
1. NAME OF DECEDENT—FIRST (GIVEN) ALEX			2. MIDDLE JOE			3. LAST (FAMILY) MAGAS															
4. DATE OF BIRTH M/M/DD/C/CYY 05/10/1918		5. AGE YRS. 80		6. SEX M		7. DATE OF DEATH M/M/DD/C/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 Lull 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 Lull 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/C/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>[Signature]</i>		47. DATE M/M/DD/C/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		103. FACILITY OTHER THAN HOSPITAL: <input checked="" type="checkbox"/> CONV. HOSP. <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) IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease DUE TO (B) _____ DUE TO (C) _____ DUE TO (D) _____						TIME INTERVAL BETWEEN ONSET AND DEATH Mos.	108. DEATH REPORTED TO CORNER: <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 checked="" 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 DECEASED LAST BEEN ALIVE M/M/DD/C/CYY 07/18/1998 07/18/1998		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. G36069		117. DATE M/M/DD/C/CYY 07/23/1998															
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Robert Finkelstein, M.D. 18460 Roscoe Blvd., Northridge, Calif. 91324		119. WANNER 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 checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/C/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>[Signature]</i>			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	

090138776

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.

[Signature] 634
Director of Health Service and Registrar

DATE ISSUED
JUL 28 1998

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

BOOK 335 PAGE 012



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BOOK 335 PAGE 011
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
D & G Exxon Corp
00 JUN 13 PM 1:10

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 9⁰⁰

174710

COPY

BOOK 335 PAGE 013