

Order No.  
Escrow No.  
Loan No.

174710

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.  
\_\_\_\_\_ }

\_\_\_\_\_, of legal age, being first duly sworn, deposes and says:  
That \_\_\_\_\_, the decedent mentioned in the attached certified copy of  
Certificate of Death is the same person as \_\_\_\_\_  
named as one of the parties in that certain \_\_\_\_\_ dated \_\_\_\_\_  
executed by \_\_\_\_\_  
to \_\_\_\_\_  
as joint tenants, recorded as Instrument No. \_\_\_\_\_ on \_\_\_\_\_ in  
Book \_\_\_\_\_, Page \_\_\_\_\_, of Official Records of \_\_\_\_\_ County, NEVADA  
covering the following described property situated in the County of \_\_\_\_\_, 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 \_\_\_\_\_

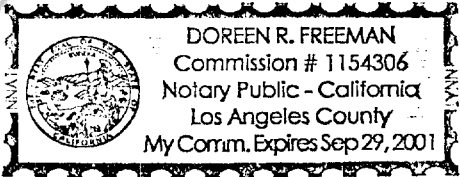
*Betty J. Robertson*  
BETTY J. ROBERTSON

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

this \_\_\_\_\_ day of \_\_\_\_\_, 2000

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
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	
DECEDENT PERSONAL DATA		1. NAME OF DECEDENT—FIRST (GIVEN) ALEX			2. MIDDLE JOE			3. LAST (FAMILY) MAGAS					
		4. DATE OF BIRTH M/M/DD/C C Y Y 05/10/1918			5. AGE YRS. 80			6. SEX M			7. DATE OF DEATH M/M/DD/C C Y Y 07/22/1998		
		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		
		14. RACE White			15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER Rams Barber Shop			13. EDUCATION—YEARS COMPLETED 12		
USUAL RESIDENCE		17. OCCUPATION Barber			18. KIND OF BUSINESS Barber Shop			19. YEARS IN OCCUPATION 44					
		20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 17908 Lull Street											
INFORMANT		21. CITY Reseda			22. COUNTY Los Angeles			23. ZIP CODE 91335			24. YRS IN COUNTY 80		
		25. STATE OR FOREIGN COUNTRY Calif.											
SPOUSE AND PARENT INFORMATION		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		
DISPOSITION(S)		39. DATE M/M/DD/C C Y Y 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. -					
FUNERAL DIRECTOR AND LOCAL REGISTRAR		44. NAME OF FUNERAL DIRECTOR LORENZEN MORTUARY - Reseda			45. LICENSE NO. FD906			46. SIGNATURE OF LOCAL REGISTRAR [Signature]			47. DATE M/M/DD/C C Y Y 07/28/1998		
PLACE OF DEATH		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		
CAUSE OF DEATH		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						TIME INTERVAL BETWEEN ONSET AND DEATH Mos.		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
		IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease								109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
		DUE TO (B)								110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
		DUE TO (C)								111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
PHYSICIAN'S CERTIFICATION		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											
CORONER'S USE ONLY		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 [REDACTED] M/M/DD/C C Y Y 07/18/1998 07/18/1998			115. SIGNATURE AND TITLE OF CERTIFIER [Signature] Robert Finkelstein, M.D.			116. LICENSE NO. G36069		117. DATE M/M/DD/C C Y Y 07/23/1998			
		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 18460 Roscoe Blvd., Northridge, Calif. 91324											
CORONER'S USE ONLY		119. MANNER 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 M/M/DD/C C Y Y		122. HOUR			
		123. PLACE OF INJURY			124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)								
STATE REGISTRAR		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)											
		126. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]											
		127. DATE M/M/DD/C C Y Y			128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER								
		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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 9<sup>00</sup>

**174710**

COPY

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