

RECORDING REQUESTED BY:  
Anderson & Dorn, Ltd.  
294 East Moana Lane, Ste, B27  
Reno, NV 89502

WHEN RECORDED MAIL TO:  
LLEWELLYN McGRATH  
2275 Stonewood Court  
San Pedro, California 90732

BOOK 399 PAGE 158-160  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Anderson & Dorn Ltd.*  
2004 NOV -4 PM 1:46

EUREKA COUNTY, NEVADA  
M.N. REBAL. RECORDER  
FILE NO. FEES 16<sup>00</sup>

**193607**

**AFFIDAVIT OF DEATH**

I, LLEWELLYN McGRATH, the undersigned, affirm under penalty of perjury under the laws of the State of California that the following is true and correct:

- (1) That I am the Successor Trustee of THE MILDRED M. MORGAN TRUST, dated September 12, 1990.
- (2) That a Quitclaim Deed dated September 12, 1990 was executed wherein MILDRED M. MORGAN was the Grantee, Document No. 134181, recorded in Eureka County Nevada on October 19, 1990.
- (3) That the property is described in Exhibit A attached hereto.
- (4) That MILDRED M. MORGAN died on March 15, 2004 in Hesperia, County of San Bernardino, State of California.

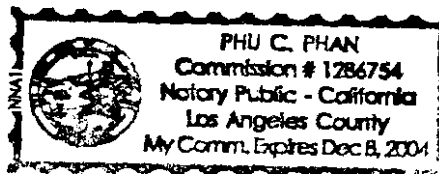
Executed on this 17 day of Aug, 2004, at San Pedro, California.

*Llewellyn McGrath*  
LLEWELLYN McGRATH

STATE OF CALIFORNIA )  
  )  
  ss:  
COUNTY OF LOS ANGELES )

On 08/17, 2004, before me, a notary public in and for the State of Nevada, personally appeared LLEWELLYN McGRATH, ~~personally known to me or~~ proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal.  
*[Signature]*  
Signature of Notary

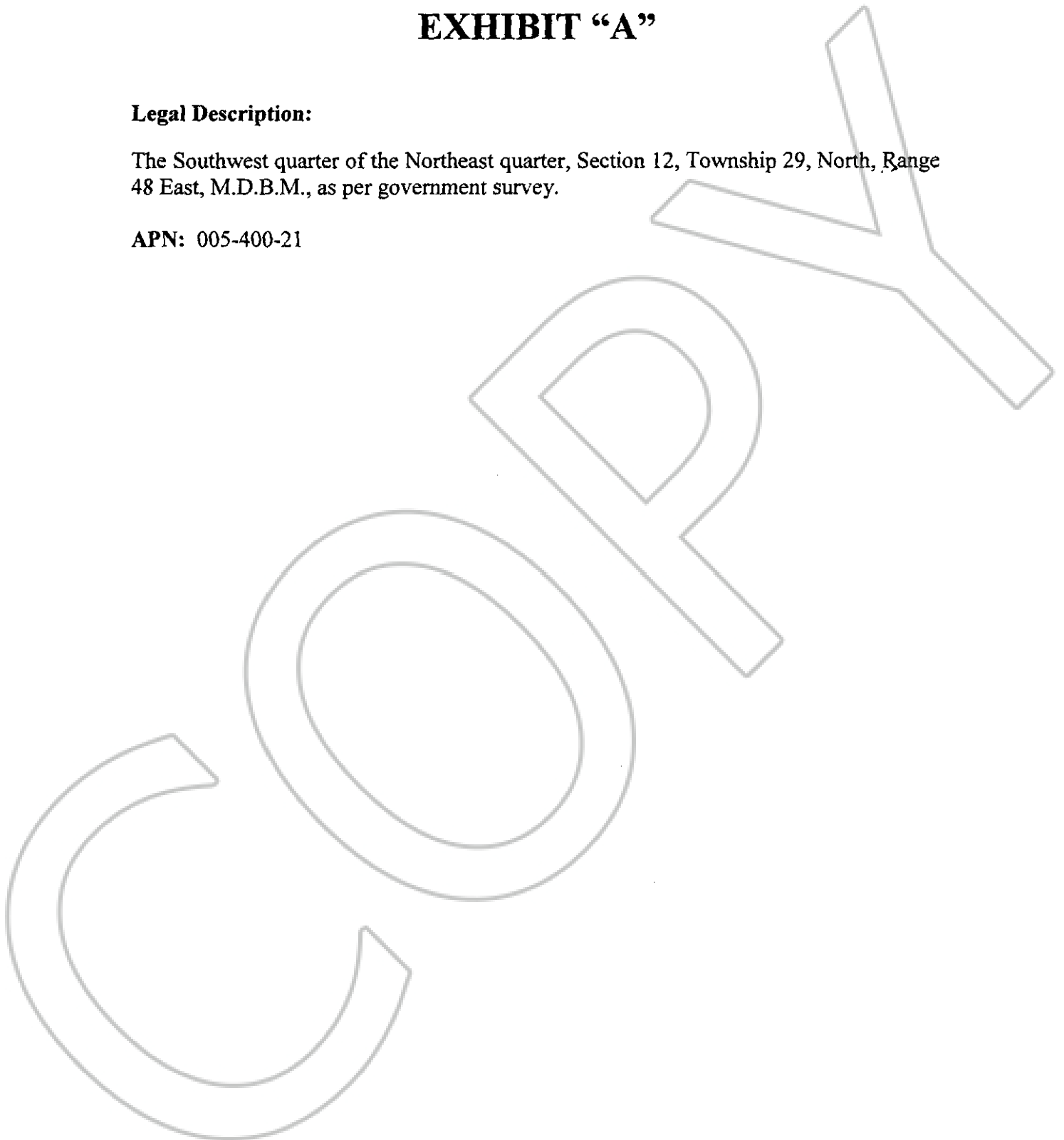


# EXHIBIT "A"

**Legal Description:**

The Southwest quarter of the Northeast quarter, Section 12, Township 29, North, Range 48 East, M.D.B.M., as per government survey.

**APN:** 005-400-21



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of SAN BERNARDINO**  
DEPARTMENT OF PUBLIC HEALTH  
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

**CERTIFICATE OF DEATH**

3200436002698

1. NAME OF DECEDENT - FIRST (Last)		2. MIDDLE		3. LAST (Family)	
MILDRED		MAY		MORGAN	
4. DATE OF BIRTH (month/day/year)		5. AGE Yrs		6. SEX	
09/11/1913		90		F	
7. DATE OF DEATH (month/day/year)		8. HOURS (24 Hours)		9. MIN (60 Minutes)	
03/15/2004		1016			
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS (at time of death)	
		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		WIDOWED	
13. EDUCATION - (Highest Level/Grade)		14. DECEASED'S RACE - (Up to 2 races only to be listed here)		15. YEARS IN OCCUPATION	
SOME COLLEGE		WHITE		28	
16. USUAL OCCUPATION - (Type of work for most of life. DO NOT USE RETIRED)		17. KIND OF BUSINESS OR INDUSTRY (e.g., primary store, food manufacturing, employment agency, etc.)		18. YEARS IN OCCUPATION	
SECRETARY		AVIATION		28	
19. DECEDENT'S RESIDENCE (Street and number or location)					
8845 ORANGE ST					
20. CITY		21. COUNTY/PROVINCE		22. STATE/PROVINCE COUNTRY	
HESPERIA		SAN BERNARDINO		CA	
23. INFORMANT'S NAME, RELATIONSHIP		24. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
LLEWELLYN McGRATH - TRUSTEE		2275 STONEWOOD CT., SAN PEDRO, CA 90732			
25. NAME OF SURVIVING SPOUSE - FIRST		26. MIDDLE		27. LAST ( maiden name)	
28. NAME OF FATHER - FIRST		29. MIDDLE		30. LAST	
CECIL		L		WARNSTODT	
31. NAME OF MOTHER - FIRST		32. MIDDLE		33. LAST ( maiden name)	
DORA		IDELLA		EBERLINE	
34. DATE OF DEATH (month/day/year)		35. PLACE OF FINAL DISPOSITION			
03/18/2004		RIVERSIDE NATIONAL CEMETERY, 22495 VAN BUREN, RIVERSIDE, CA 92508			
36. TYPE OF DISPOSITION		37. SIGNATURE OF EMBALMER		38. LICENSE NUMBER	
CR/BU		NOT EMBALMED			
39. NAME OF FUNERAL ESTABLISHMENT		40. LICENSE NUMBER		41. DATE (month/day/year)	
VICTOR VALLEY MORTUARY		ED 1452		03/17/2004	
42. PLACE OF DEATH		43. IF HOSPITAL, SPECIFY ONE		44. IF OTHER THAN HOSPITAL, SPECIFY ONE	
AT A HOME		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
45. COUNTY		46. FACILITY ADDRESS OR LOCATION WHERE DECEASED (Street and number or location)		47. CITY	
SAN BERNARDINO		11458 7TH AVENUE		HESPERIA	
48. CAUSE OF DEATH		49. TIME ELAPSED FROM ONSET OF DEATH TO DEATH (Specify time in hours, minutes, and seconds. DO NOT APPROPRIATE)		50. DEATH PERFORMED IN CORONER'S OFFICE	
CARDIAC ARREST		SECONDS 04-2067 JK		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
51. UNDERLYING CAUSE OF DEATH (Specify all conditions contributing to death, including the underlying cause of death)		52. DEATH PERFORMED BY		53. DEATH PERFORMED BY	
CONGESTIVE HEART FAILURE		MONS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51		55. DEATH PERFORMED BY		56. DEATH PERFORMED BY	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. WAS OPERATOR PERFORMED FOR ANY CONDITION BY ITEM 51 OR 54? (If yes, list type of operation and date)		58. IF FEMALE, PREGNANT IN LAST YEAR		59. DATE (month/day/year)	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		03/17/2004	
60. I CERTIFY THAT THE COPY OF MY ORIGINAL DEATH CERTIFICATE AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		61. SIGNATURE AND TITLE OF REGISTRAR		62. LICENSE NUMBER	
08/05/2003		YASH PAUL SUBHERWAL MD., 12276 HESPERIA RD., #A, VICTORVILLE, CA		A053784	
63. I CERTIFY THAT ALL INFORMATION CONTAINED ON THIS FORM, OVER AND ABOVE PLACE STATED FROM THE CAUSE STATED		64. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		65. DATE (month/day/year)	
02/17/2004		YASH PAUL SUBHERWAL MD., 12276 HESPERIA RD., #A, VICTORVILLE, CA		03/17/2004	
66. PLACE OF DEATH (e.g., home, retirement site, extended care, etc.)		67. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		68. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
69. SIGNATURE OF CORONER/DEPUTY CORONER		70. DATE (month/day/year)		71. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
STATE REGISTRAR		FAX ALPHA #		GENIUS TRACT	
6-3-23		4344821			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO

DATE ISSUED 09/29/2004

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

193607

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ERIC FRYKMAN, M.D.  
COUNTY REGISTRAR

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

