

BOOK 460 PAGE 93-94
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Smile4u Inc
2004 NOV 23 PM 2:18

EUREKA COUNTY, NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES 15.00

193892

APN : 003-082-05

Recording Requested By: Smile4u, Inc

Mail Tax Statements to:

Name: Smile4u, Inc

Address: PO Box 888

City, State, Zip: Lynden, WA 98264

Affidavit – Death of Trustee

STATE OF California

County of Santa Barbara

Edward E. Moss, of legal age, being first duly sworn, deposes and says: That Laura Giles Moss, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Laura G. Moss named as the Trustee in that certain Declaration of Trust, executed by Laura G. Moss as Trustor(s).

At the time of demise of the decedent, the decedent was the record owner, as Trustee, which property is described in a Deed which was signed by Laura G. Moss as Grantor(s) on October 9, 1992, and recorded as Instrument No. 142924, on November 2, 1992, in book 241, page 255, 256, of Official Records of Eureka County, Nevada, covering the following described property situated in the County of Eureka, State of Nevada:

Legal Description:

Lot 5, Block 6, Crescent Valley Ranch & Farms Unit #4

There is no federal estate tax due as the result of the death of the decedent mentioned in paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Signature : Edward E. Moss

Dated : October 28, 2004

SUBSCRIBED and SWORN to before me :

This 28 day of October, 2004

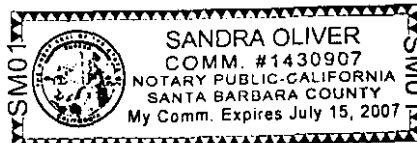
(This area for official Notarial seal)

By Edward E. Moss

(Edward E. Moss) Name of person making statement.

Signature Sandra Oliver

Notarial Officer



CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

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

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN) Laura		1B. MIDDLE Giles	1C. LAST (FAMILY) Moss	2A. DATE OF DEATH—MO. DAY, YR. Apr. 28, 1993		2B. HOUR 0956	3. SEX F
4. RACE White		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. Nov. 8, 1909		7. AGE IN YEARS 83		IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES	
DECEDENT PERSONAL DATA	8. STATE OF BIRTH WA	9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER Jesse Crane		10B. STATE OF BIRTH KS	11A. FULL MAIDEN NAME OF MOTHER Florence E. Hackett		11B. STATE OF BIRTH WI	
	12. MILITARY SERVICE 19__ TO 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. [REDACTED]		14. MARITAL STATUS Widowed		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) None		
	16A. USUAL OCCUPATION Bookkeeper		16B. USUAL KIND OF BUSINESS OR INDUSTRY Real Estate		16C. USUAL EMPLOYER Legters Realty Co.		16D. YEARS IN OCCUPATION 60		17. EDUCATION—YEARS COMPLETED 14
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION 712 E. Hawthorne St.					13E. CITY Ontario		18C. ZIP CODE 91764	
	18D. COUNTY San Bernardino		18E. NUMBER OF YEARS IN THIS COUNTY 74		18F. STATE OR FOREIGN COUNTRY CA		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Edward Moss, step-son 1028 W. "E" St. Ontario CA 91762		
PLACE OF DEATH	19A. PLACE OF DEATH Ontario Comm. Hospital		19B. IF HOSPITAL SPECIFY ONE (IF ER/OP, DOA) IP		19C. COUNTY San Bernardino				
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 550 N. Monterey Ave.				19E. CITY Ontario		22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	IMMEDIATE CAUSE (A) Congestive Heart Failure					days			
	DUE TO (B) Kidney Failure					days			
	DUE TO (C) Urosepsis					days			
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Adhesions; Embolism to Left Arm					26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. Embolectomy of left arm 4-26-93				
PHYSI- CIAN'S CERTIFI- CATION	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER 		27C. CERTIFIER'S LICENSE NUMBER A026713		27D. DATE SIGNED 4-29-93		
	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 11-17-93		DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 4-27-93		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Y Piam, M.D., 5365 Walnut Ave. Chino, CA 91710				
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER 		28B. DATE SIGNED				
	29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S) BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Bellevue Maus 1240 W. "G" St Ontario CA		34C. DATE MO. DAY, YR. May 1 1993		35A. SIGNATURE OF EMBALMER 		
	35B. LICENSE NO. 6692		36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Draper Mortuary		36B. LICENSE NO. 392		37. SIGNATURE OF LOCAL REGISTRAR T. J. Prendergast, M.D.		
38. REGISTRATION DATE Apr. 30, 1993									
STATE REGISTRAR	A. 10-5-5	B.	C.	D.	E.	F.	CENSUS TRACT		

VS-11 (REV. 7-92)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

5990

CERTIFIED COPY OF VITAL RECORDS

399606

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

} SS

DATE ISSUED

MAY 0 5 1993

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.

193892

BOOK 4.00 PAGE 084

This copy not valid unless accompanied by official seal and signature of Registrar.

THOMAS J. PRENDERGAST, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

