

BOOK 402 PAGE 115-118
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Anderson & Dorn
2004 DEC 15 PM 3:04

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. **194637**
FEES \$17.00

APN# 005-400-21

Recording Requested By

Name Anderson & Dorn, Ltd.

Address 500 Damonte Ranch Pkwy., #860

City/State/Zip Reno, NV 89521

Affidavit of Death

(Title of Document)

**This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)**

This cover page must be typed

BOOK 402 PAGE 115

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 Att.
2004 NOV -4 PM 1:46
EUREKA COUNTY, NEVADA
M.N. REBALENTI, RECORDER
FILE NO. FEES 16⁰⁰
193607

This deed is being re-recorded to correct legal description.
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

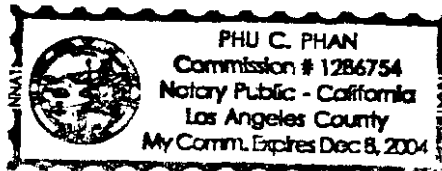


EXHIBIT "A"

Legal Description:

The Southwest quarter of the Northeast quarter, Section ~~12~~¹³, 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

STATE FILE NUMBER		LOCAL RESISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Last)		2. MIDDLE	
MILDRED		MAY	
3. LAST (Family)		MORGAN	
4. DATE OF BIRTH (month/day/year)			
09/11/1913			
5. AGE (in months, days, hours, minutes)			
90			
6. SEX (M or F)			
F			
7. BIRTH STATE/COUNTRY		8. SOCIAL SECURITY NUMBER	
IA		[REDACTED]	
9. EVER IN U.S. ARMED FORCES? (If yes, see Worksheet on back.)			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
10. MARRIAGE STATUS (at Time of Death)		11. DATE OF DEATH (month/day/year)	
WIDOWED		03/15/2004	
12. HOURS (24 Hours)		13. DECEASED'S RACE - (Up to 3 races may be listed (see Worksheet on back))	
1016		WHITE	
14. EDUCATION - (Highest Level/Type)		15. TYPE OF DECEASED'S BUSINESS/PROFESSION (If yes, see Worksheet on back.)	
SOME COLLEGE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL OCCUPATION - (Type of work for most of life. DO NOT USE RETIRED)		17. KIND OF BUSINESS OR INDUSTRY (e.g., general store, food counter, employment agency, etc.)	
SECRETARY		AVIATION	
18. YEARS IN OCCUPATION		19. DECEASED'S RESIDENCE (Street and number or P.O. box)	
28		8845 ORANGE ST	
20. CITY		21. COUNTY/TERRITORY	
HESPERIA		SAN BERNARDINO	
22. ZIP CODE		23. YEARS IN COUNTY	
92345		39	
24. STATE/COUNTRY		25. DECEASED'S NAME, RELATIONSHIP	
CA		LLEWELLYN McGRATH - TRUSTEE	
26. INFORMANT'S QUALIFYING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		27. INFORMANT'S ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
2275 STONEWOOD CT., SAN PEDRO, CA 90732		2275 STONEWOOD CT., SAN PEDRO, CA 90732	
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE	
-		-	
30. LAST (Maiden Name)		31. NAME OF FATHER - FIRST	
-		CECIL	
32. MIDDLE		33. LAST	
L		WARNSTODT	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST	
NB		DORA	
36. MIDDLE		37. LAST (Maiden)	
IDELLA		EBERLINE	
38. BIRTH STATE		39. DATE (month/day/year)	
IA		03/18/2004	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION	
RIVERSIDE NATIONAL CEMETERY, 22495 VAN BUREN, RIVERSIDE, CA 92508		CR/BU	
42. NAME OF FUNERAL ESTABLISHMENT		43. SIGNATURE OF LOCAL REGISTRAR	
VICTOR VALLEY MORTUARY		[Signature]	
44. LICENSE NUMBER		45. DATE (month/day/year)	
FD 1452		03/17/2004	
46. PLACE OF DEATH		47. IF HOSPITAL, SPECIFY ONE	
AT A HOME		<input type="checkbox"/> P <input type="checkbox"/> SNOP <input type="checkbox"/> DDA <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other	
48. COUNTY		49. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SAN BERNARDINO		Hesperia	
50. FACILITY ADDRESS OR LOCATION WHERE POLICED (Street and number or number)		51. CITY	
11458 7TH AVENUE		HESPERIA	
52. CAUSE OF DEATH		53. DEATH REFERRED TO CORONER (Check one)	
197. CAUSE OF DEATH (Under the death of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular failure without showing the etiology. DO NOT ABBREVIATE.)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		54. SECONDS	
CARDIAC ARREST		04-2067 JK	
55. CONGESTIVE HEART FAILURE		56. MONS	
CONGESTIVE HEART FAILURE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. ALTOFFER PERFORMED		58. LITEST PERFORMING CAUSE	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE SHOWN IN 197		60. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 197 OR 1127 (If yes, list type of operation and date.)	
NO		NO	
61. IDENTIFY TIME TO THE BEST OF AVAILABLE DATA WHEN DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATES FROM THE STATES		62. SIGNATURE AND TITLE OF CERTIFIER	
08/05/2003 02/17/2004		YASH PAUL SUBHERVAL MD, 12276 HESPERIA RD., #A, VICTORVILLE, CA	
63. MANNER OF DEATH (Natural, Accidental, Suicide, Homicide, Unknown, Pending Investigation, Could not be Determined)		64. LICENSE NUMBER	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be Determined		A053784	
65. PLACE OF INJURY (e.g., home, neighborhood, etc., treated with, etc.)		66. DATE (month/day/year)	
124. DESCRIBE HOW INJURY OCCURRED (Shows which resulted in injury)		67. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
126. LOCATION OF INJURY (Street and number, or location, city, and ZIP)		68. DATE (month/day/year)	
128. SIGNATURE OF CORONER/DEPUTY CORONER		69. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
[Signature]		[Signature]	
STATE REGISTRAR		FAX AUTH #	
6-2-23		4344821	
CENSUS TRACT			

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 194637
BOOK 399 PAGE 6 CHECKED 02 PAGE 118
ERIC FRYKMAN, M.D.
REGISTRAR OF VITAL RECORDS



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