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Sirkin Law Group, P.C.
20750 Ventura Blvd.
Suite 201
Woodland Hills, CA 91364

DOC # 0211593

01/09/2008 01:26 PM

Official Record

Recording requested By
SIRKIN & SIRKIN

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$15.00 Page 1 of 2
RPTT: Recorded By: FES
Book- 0468 Page- 0389



0211593

APN: 003-193-01

AFFIDAVIT OF DEATH

ASSESSOR'S PARCEL NUMBER: 003-193-01
Unimproved Land

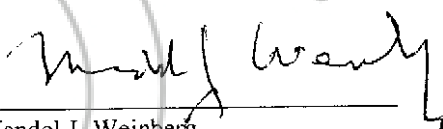
STATE of CALIFORNIA,
County of Los Angeles

Mandel J. Weinberg, of legal age, being first duly sworn, deposes and says:

That Marcia June Weinberg, the decedent mentioned in the attached certified copy of Certificate of death, is the same person as Marcia J. Weinberg, named as the party in the certain Grant Deed dated 6-27-2006, executed by Kent Taylor to Mandel J. Weinberg and Marcia J. Weinberg, as married persons, and Jeffrey L. Weinberg, a single person, all as joint tenants, recorded as Instrument No. 205342, on 6-30-2006 in the Official Records of the Recorder of Eureka County, Nevada, covering the following described property situated in the County of Eureka, State of Nevada:


Nevelco Lot #31 Inc. Unit 1, Eureka County, Nevada. APN: 003-193-01.

Dated: 10-19-07


Mandel J. Weinberg

SUBSCRIBED AND SWORN TO (OR AFFIRMED) before me

Evan Sirkin,
on this 19 day of OCTOBER, 2007
by Mandel J. Weinberg, personally known to me
or proved to me on the basis of satisfactory evidence
to be the person who appeared before me.

Signature: 
Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-4
SANTA ANA, CA 92701

CERTIFICATE OF DEATH 3-200330-D-16-J-85

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given)		3. LAST (Family)	
MARCIA		WEINBERG	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
JUNE		06/01/1924	
AKA, ALSO KNOWN AS -- Indicate full AKA (FIRST, MIDDLE, LAST)		8. AGE Yrs.	
--		79	
9. BIRTH STATE/FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES?	
IL		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS (at Time of Death)	
[REDACTED]		MARRIED	
13. EDUCATION -- Highest Level/Degree (see work sheet on back)		7. DATE OF DEATH mm/dd/yyyy	
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12/02/2003	
14/15. WAS DECEDENT SPANISH/SPANIC/LATINO? (If yes, see worksheet on back)		14. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back)	
[REDACTED] YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		WHITE	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
INTERIOR DESIGN		FURNITURE	
18. YEARS IN OCCUPATION		19. YEARS IN OCCUPATION	
50		50	
20. DECEDENT'S RESIDENCE (Street and number or location)			
19403 S. LEONE CIRCLE			
21. CITY		22. COUNTY/PROVINCE	
CERRITOS		LOS ANGELES	
23. ZIP CODE		24. YEARS IN COUNTRY	
90703		52	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		MANDEL WEINBERG -- HUSBAND	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE -- FIRST	
19403 S. LEONE CIRCLE, CERRITOS, CA 90703		MANDEL	
29. MIDDLE		30. LAST (maiden Name)	
J.		WEINBERG	
31. NAME OF FATHER -- FIRST		32. MIDDLE	
MAX		JACK	
33. NAME OF MOTHER -- FIRST		34. BIRTH STATE	
LENA		RUSSIA	
35. MIDDLE		36. BIRTH STATE	
[REDACTED]		RUSSIA	
37. LAST (maiden)		38. BIRTH STATE	
BOLTON		RUSSIA	
39. LAST (maiden)			
BOLTON			
40. PLACE OF FINAL DISPOSITION			
RESIDENCE - MANDEL WEINBERG, 19403 S. LEONE CIRCLE, CERRITOS, CA 90703			
41. TYPE OF DISPOSITION(S)			
CR/RES			
42. SIGNATURE OF EMBALMER			
NOT EMBALMED			
43. LICENSE NUMBER			
-			
44. NAME OF FUNERAL ESTABLISHMENT			
LUBYEN FAMILY SPONBERG BELLFLOWER-NORWALK MORTUARY			
45. LICENSE NUMBER			
FD-118			
46. SIGNATURE OF LOCAL REGISTRAR			
[Signature]			
47. DATE mm/dd/yyyy			
12/04/2003 [Signature]			
101. PLACE OF DEATH			
LOS ALAMITOS MEDICAL CENTER			
102. IF HOSPITAL, SPECIFY ONE			
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
103. CITY			
LOS ALAMITOS			
104. COUNTY			
ORANGE			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
3751 KATELLA AVENUE			
106. CAUSE OF DEATH			
Enter the chain of events -- disease, injury, or combination -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
RESPIRATORY FAILURE			
SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST			
SEPSIS			
PNEUMONIA			
BRAIN TUMOR, MALIGNANT			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
HYPERTENSION			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)			
NO			
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
115. SIGNATURE AND TITLE OF CERTIFIER			
[Signature] M.D.			
116. LICENSE NUMBER			
A72755			
117. DATE mm/dd/yyyy			
12/03/2003			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
BANK SUN KIM, MD 11900 SOUTH ST., #101, CERRITOS, CA 90703			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
120. PLACED AT WORK?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
121. INJURY DATE mm/dd/yyyy			
122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
126. SIGNATURE OF CORONER / DEPUTY CORONER			
127. DATE mm/dd/yyyy			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
[Signature]			
STATE REGISTRAR			
A B C D E			
FAX AUTH. # 3618L			
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ORANGE }

DATE ISSUED
DEC 29 2003

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION. ORANGE COUNTY HEALTHCARE AGENCY.

MARK B. HORTON, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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