

RECORDING REQUESTED BY  
AND MAIL TAX STATEMENTS TO:

Lucia Jones  
5260 Mesa Verde Drive  
Sparks, Nevada 89436

WHEN RECORDED MAIL TO

Joseph B. McHugh, Esq.  
LA Law Center, LLP  
300 West Glenoaks Blvd., Suite 300  
Glendale, California 91202



APN: 005-220-04

**AFFIDAVIT OF DEATH OF JOINT TENANT**

EDNA LEE BASMAJIAN, of legal age, being first duly sworn, deposes and says:

That JOHN BASMAJIAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN BASMAJIAN named as one of the parties in that certain Deed dated April 10, 1961, executed by CRESCENT VALLEY RANCH & FARMS, AUGUST DAMON VICE PRESIDENT AND J. PATRICIA SELF, ASSISTANT SECRETARY, granting to JOHN BASMAJIAN AND EDNA LEE BASMAJIAN, husband and wife as Joint Tenants, recorded on April 17, 1961 as File Number 35293 of the Official records of Eureka County, Eureka, Nevada, covering the following described property situated in the said County, State of Nevada:

T30N, R48E SECTION 23 W2 SW4 SW4; W2 E2 SW4 SW4.

Assessor Parcel Number: 005-220-04  
Property Address or Location: VACANT LAND

EDNA LEE BASMAJIAN

State of California  
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 29 day of November 2010, by EDNA LEE BASMAJIAN, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature

  
(Seal)

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

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

**CERTIFICATE OF DEATH**  
 STATE OF CALIFORNIA  
 USE BLACK INK ONLY

389 005018

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JOHN</b>		10. MIDDLE <b>BASMAJIAN</b>	
11. LAST (FAMILY) <b>BASMAJIAN</b>		2A. DATE OF DEATH—MONTH, DAY, YEAR <b>JANUARY 22, 1989</b>	
4. RACE <b>CAU/ AMERICAN</b>		5. SPANISH/HISPANIC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. DATE OF BIRTH—MONTH, DAY, YEAR <b>SEPT. 23, 1899</b>		7. AGE IN YEARS <b>89</b>	
8. STATE OF BIRTH <b>N.J.</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10A. FULL NAME OF FATHER <b>THOMAS BASMAJIAN</b>		10B. STATE OF BIRTH <b>ARMENIA</b>	
11A. FULL MAIDEN NAME OF MOTHER <b>LUCIA ZAILLIAN</b>		11B. STATE OF BIRTH <b>ARMENIA</b>	
12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NUMBER [REDACTED]	
14. MARITAL STATUS <b>MARRIED</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>EDNA LEE FOX</b>	
16A. USUAL OCCUPATION <b>COMMERCIAL ARTIST</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>PAINTING CONTRACTOR</b>	
16C. USUAL EMPLOYER <b>SELF-EMPLOYED</b>		16D. YEARS IN USUAL OCCUPATION <b>50</b>	
16E. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17) <b>8</b>		18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>500 N. ETHEL AVENUE</b>	
18B. CITY <b>ALHAMBRA</b>		18C. ZIP CODE <b>91801</b>	
19D. COUNTY <b>LOS ANGELES</b>		18E. NUMBER OF YEARS IN THIS COUNTY <b>68</b>	
18F. STATE OR FOREIGN COUNTRY <b>CALIFORNIA</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>EDNA LEE BASMAJIAN - WIFE</b>	
19A. PLACE OF DEATH <b>RESIDENCE</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>N/A</b>	
19C. COUNTY <b>LOS ANGELES</b>		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)—TYPE OR PRINT <b>(A) Cardio-Respiratory Arrest</b>	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>500 N. ETHEL AVENUE</b>		19E. CITY <b>ALHAMBRA</b>	
22. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>None</b>		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? <b>None</b>	
1. CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN <b>[Signature]</b>	
27A. DECEDENT ATTENDED SINCE DECEASED LAST SEEN ALIVE MONTH, DAY, YEAR <b>Sept 26, 1988</b>		27C. PHYSICIAN'S LICENSE NUMBER <b>651541</b>	
27D. DATE SIGNED <b>1/24/89</b>		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>GEORGE Q. JUNG, M.D., 960 E. GREEN ST. #208, PASADENA, CA.</b>	
1. CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE OF CORONER OR DEPUTY CORONER <b>[Signature]</b>	
28B. DATE SIGNED		29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation of local, not to be determined	
30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION <b>CREMATION</b>		34B. PLACE OF FINAL DISPOSITION <b>PT. FERMIN, LOS ANGELES</b>	
34C. DATE OF DISPOSITION MONTH, DAY, YEAR <b>FEB. 1, 1989</b>		35A. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
35B. LICENSE NUMBER <b>N/A</b>		36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>THE NEPTUNE SOCIETY</b>	
36B. LICENSE NO. <b>F-1289</b>		37. SIGNATURE OF LOCAL REGISTRAR <b>[Signature]</b>	
38. REGISTRATION DATE <b>JAN 31 1989</b>		39. CENSUS TRACT	

VS-11 (REV. 1-89) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

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This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

**Dean C. Logan**  
 DEAN C. LOGAN  
 Registrar-Recorder/County Clerk

JAN 19 2011  
 \* 000850687 \*

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

