

**RECORDING REQUESTED BY
AND MAIL TAX STATEMENTS TO:**

Lucia Jones
5260 Mesa Verde Drive
Sparks, Nevada 89436

DOC # 0220215

04/06/2012 02:16 PM

Official Record

Recording requested By
JOSEPH B MCHUGH ESQ

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$15.00 Page 1 of 2
RPTT: Recorded By: LLH
Book- 530 Page- 0345

WHEN RECORDED MAIL TO

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



0220215

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

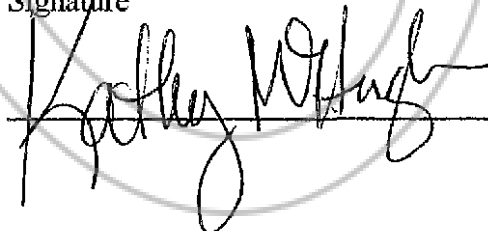

EDNA LEE BASMAJIAN

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)

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) JOHN		2A. DATE OF DEATH MONTH, DAY, YEAR JANUARY 22, 1989	
1B. MIDDLE BASMajian		2B. HOUR 0404	
1C. LAST (FAMILY) BASMajian		2C. SEX MALE	
4. RACE CAU/ AMERICAN		5. SPANISH/HISPANIC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO SPECIFY XX	
6. DATE OF BIRTH MONTH, DAY, YEAR SEPT. 23, 1899		7. AGE IN YEARS 89	
8. STATE OF BIRTH N.J.		9. CITIZEN OF WHAT COUNTRY U.S.A.	
10A. FULL NAME OF FATHER THOMAS BASMAJIAN		10B. STATE OF BIRTH ARMENIA	
11A. FULL MAIDEN NAME OF MOTHER LUCIA ZAILLIAN		11B. STATE OF BIRTH ARMENIA	
12. MILITARY SERVICE? 19 TO 19 <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY 14. MARITAL STATUS MARRIED	
15. NAME OF SURVIVING SPOUSE OR WIFE, ENTER MAIDEN NAME EDNA LEE FOX		16A. USUAL OCCUPATION COMMERCIAL ARTIST	
16B. USUAL KIND OF BUSINESS OR INDUSTRY PAINTING CONTRACTOR		16C. USUAL EMPLOYER SELF-EMPLOYED	
16D. YEARS IN USUAL OCCUPATION 50		17. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17) 8	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 500 N. ETHEL AVENUE		18B. CITY ALHAMBRA	
18C. COUNTY LOS ANGELES		18D. ZIP CODE 91801	
19A. PLACE OF DEATH RESIDENCE		19B. IF HOSPITAL, SPECIFY ONE IF 29 OR 30A N/A	
19C. STREET ADDRESS—STREET AND NUMBER OR LOCATION 500 N. ETHEL AVENUE		19D. CITY ALHAMBRA	
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT EDNA LEE BASMAJIAN - WIFE 500 N. ETHEL AVENUE ALHAMBRA, CA. 91801		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C—TYPE OR PRINT) IMMEDIATE CAUSE (a) Cardio Respiratory Arrest DUE TO (b) Congestive heart Failure DUE TO (c) Cardiomyopathy (viral) 25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None	
22. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23. WAS BODY 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	
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? None		27. SIGNATURE AND DESIGNS OR TITLE OF PHYSICIAN George O. Jung, M.D.	
27A. DECEDENT ATTENDED SINCE DECEASED LAST SEEN ALIVE MONTH, DAY, YEAR Sept 26, 1988		27B. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS GEORGE O. JUNG, M.D., 960 E. GREEN ST. #208, PASADENA, CA.	
27C. PHYSICIAN'S LICENSE NUMBER 65041		27D. DATE SIGNED 1/24/89	
28A. SIGNATURE 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		30C. DATE OF INJURY MONTH, DAY, YEAR	
30D. HOUR		31. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DATE OF DISPOSITION MONTH, DAY, YEAR FEB. 1, 1989	
34A. DISPOSITION CREMATION		34B. PLACE OF FINAL DISPOSITION PT. FERMIN, LOS ANGELES	
34C. DATE OF DISPOSITION MONTH, DAY, YEAR		34D. SIGNATURE OF EMBALMER NOT EMBALMED	
34E. LICENSE NUMBER N/A		35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) THE NEPTUNE SOCIETY	
35B. LICENSE NO. F-1289		35C. SIGNATURE OF LOCAL REGISTRAR Nobels, Kate	
35D. REGISTRATION DATE JAN 31 1989		35E. CENSUS TRACT	

VS-11 (REV. 1-89)

MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS



0220215

Book 530 04/06/2012
Page: 346 Page: 2 of 2

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

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

TRNCO (Rev) 0/89



000850687*

