

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

Lucia Jones
5260 Mesa Verde Drive
Sparks, Nevada 89436

DOC # 0216788

02/18/2011

01:31 PM

Official Record

Recording requested By
LA LAW CENTER LLP

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$40.00

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RPTT:

Recorded By: FES

Book- 512 Page- 0255

WHEN RECORDED MAIL TO

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



0216788

APN: 005-220-04

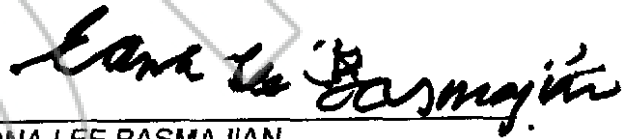
AFFIDAVIT OF DEATH OF JOINT TENANT

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

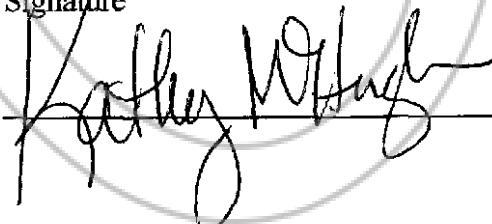

EDNA LEE BASMAJIAN

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

389 005018

STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1D. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH— MONTH, DAY, YEAR		2B. HOUR	3. SEX
		JOHN			BASMAJIAN	JANUARY 22, 1989		0404	MALE
4. RACE		5. SPANISH/HISPANIC YES ☐ NO ☒		6. DATE OF BIRTH— MONTH, DAY, YEAR		7. AGE IN YEARS	IF UNDER 1 YEAR IF UNDER 24 HOURS		
CAU/ AMERICAN				SEPT. 23, 1899		89			
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER	
N.J.		U.S.A.		THOMAS BASMAJIAN		ARMENIA		LUCIA ZAILLIAN	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NUMBER		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)			
19 — TO 19 — ☒ NONE				MARRIED		EDNA LEE FOX			
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN USUAL OCCUPATION		17. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17)	
COMMERCIAL ARTIST		PAINTING CONTRACTOR		SELF-EMPLOYED		50		8	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE					
500 N. ETHEL AVENUE		ALHAMBRA		91801					
19D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT			
LOS ANGELES		68		CALIFORNIA		EDNA LEE BASMAJIAN - WIFE			
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		500 N. ETHEL AVENUE			
RESIDENCE		N/A		LOS ANGELES		ALHAMBRA, CA. 91801			
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		21E. INTERVAL BETWEEN ONSET AND DEATH		22. WAS DEATH REPORTED TO CORONER?			
500 N. ETHEL AVENUE		ALHAMBRA				☐ YES ☒ NO			
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C—TYPE OR PRINT)		23. WAS BIOPSY PERFORMED?		24A. WAS AUTOPSY PERFORMED?		24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH?			
IMMEDIATE CAUSE { (A) Cardio-Respiratory Arrest		☐ YES ☒ NO		☐ YES ☒ NO		☐ YES ☒ NO			
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		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 23?		27. TYPE					
None		None							
1. CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED			
		▶ <i>George Q. Jung</i>		651541		1/24/89			
27A. DECEDENT ATTENDED SINCE: DECEDENT LAST SEEN ALIVE		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS							
Sept 26, 1988 Jan 10, 1989		GEORGE Q. JUNG, M.D., 960 E. GREEN ST. #208, PASADENA, CA.							
1. CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED					
		▶							
29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation of cause not yet determined		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY		31. HOUR	
				☐ YES ☒ NO					
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
34A. DISPOSITION		34B. PLACE OF FINAL DISPOSITION		34C. DATE OF DISPOSITION		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER	
CREMATION		AT SEA: PT. FERMIN, LOS ANGELES		FEB. 1, 1989		NOT EMBALMED		N/A	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE			
THE NEPTUNE SOCIETY		F-1289		▶ <i>Robert S. Malt</i>		JAN 31 1989			
STATE REGISTRAR		A. B. C. D. E. F.		CENSUS TRACT					

VS-11 (REV. 1-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS



0216788

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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

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

PENNCO (Rev. 07/89)



* 000850687 *

