

RECORDING REQUESTED BY

COOMBS & COOMBS, INC.

AND WHEN RECORDED MAIL TO

Name Coombs & Coombs, Inc.
 Street Address 11100 Washington Blvd.
 City & State Culver City, Ca. 90232

SPACE ABOVE THIS LINE FOR RECORDER'S USE

CAT. NO. NN00110
TO 426 CA (4-85)

Affidavit - Death of Joint Tenant
 THIS FORM FURNISHED BY TICOR TITLE INSURANCE COMPANY OF CALIFORNIA

ALL
 PTN.


STATE OF CALIFORNIA,
 County of LOS ANGELES } ss.

JOSEPH L. SULLIVAN, of legal age, being first duly sworn, deposes and says:
 That MARY MARCENE SULLIVAN, the decedent mentioned in the attached certified copy of
 Certificate of Death, is the same person as MARY M. SULLIVAN
 named as one of the parties in that certain Grant, Bargain, Sale dated June 28, 1976,
 executed by JOSEPH F. McDONALD, JR. and MARY GENE McDONALD
 to JOSEPH L. SULLIVAN and MARY M. SULLIVAN, his wife as community property as to an undiv.
1/2 int. Wm. M. STANSBURY and LUCILE L. STANSBURY, his wife as c/p as to an undiv. 1/2 int.
as joint tenants, recorded as Instrument No. DS-9289 (1591) on or about July 8, 1976, in
Book/Rec 776, Page/Insg 338, of Official Records of DOUGLAS
County, ~~California~~ Nevada, covering the following described property situated in the _____
_____, County of DOUGLAS, State of California: Nevada:

Lot 1, block C, Zephyr Cove Property set forth on that certain
 map entitled Amended Map of Zephyr Cove Property, wich was filed
 for record August 5, 1929, as file #2490.


That the value of all real and personal property owned by said decedent at date of death, including the
 property above described, did not then exceed the sum of \$ 320,000.00.

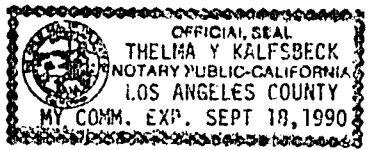
Dated January 30, 1989


JOSEPH L. SULLIVAN

SUBSCRIBED AND SWORN TO before me

this 30th day of January, 1989

Signature 
THELMA Y. KALFSBECK



(This area for official notarial seal)

Title Order No. _____

Escrow or Loan No. _____

196585

CERTIFICATE OF DEATH


STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST		1B. M. I.	1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)
MARY		MARGENE	SULLIVAN		AUGUST 26, 1988
3. SEX		4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH	7. AGE
FEMALE		WHITE	<input checked="" type="checkbox"/>	SEPTEMBER 26, 1921	66 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTHPLACE OF MOTHER
MONTANA		CYRIL HINES - ILLINOIS			VERA NELSON - MONTANA
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE.	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
U.S.A.	19 n/a TO 19 n/a	9807	MARRIED	JOSEPH SULLIVAN	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS
HOMEMAKER		ADULT LIFE	OWN HOME		HOMEMAKING
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.	19C. CITY OR TOWN
10959 LINDBLADE ST.					CULVER CITY
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
LOS ANGELES		CALIFORNIA		JOSEPH L. SULLIVAN - HUSBAND	
21A. PLACE OF DEATH		21B. COUNTY		10959 LINDBLADE ST. CULVER CITY, CA	
BROTMAN MEMORIAL HOSPITAL		LOS ANGELES			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN			
3828 DELMAR TERRACE		CULVER CITY			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			24. WAS DEATH REPORTED TO CORONER?
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) <i>Acute Cardio-Respir Arrest</i> <i>20 min</i>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		(B) <i>Pneumonia</i> <i>10 da</i>			25. WAS BIOPSY PERFORMED?
		(C)			26. WAS AUTOPSY PERFORMED?
					<i>No</i>
					<i>Yes</i>
					<i>No</i>
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A.		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION			
<i>Carcinoma Lung, Organic Hrt Dis</i>		<i>No</i>			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED 28D. PHYSICIAN'S LICENSE NUMBER	
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		<i>8/26/88</i> <i>A16871</i>	
<i>2/21/85</i> <i>8/25/88</i>		<i>J. RICHARD FREEBAIRN, M.D.</i>			
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
BURIAL		AUGUST 29, 1988		5835 W. Slauson Avenue Culver City, CA 90232	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
PIERCE BROS. SMITH & SALSBUARY		F-352		<i>Robert M. Gate</i>	
STATE REGISTRAR		A.		42. DATE ACCEPTED BY LOCAL REGISTRAR	
		B.		AUG 29 1988	
		C.			
		D.			
		E.			
		F.			

VS-11(1-85) 486

01-9-1-0110

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.



AUG 20 1988

8 *Robert M. Gate*

Director of Health Services and Registrar

REQUESTED BY
Carole J. Conner
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 FEB 21 P12:53

SUZANNE BEAUDREAU
RECORDER **196585**
\$6.00 PAID *[Signature]* DEPUTY
BOOK 289 PAGE 2086