

Recording requested by and \*  
when recorded mail tax \*  
statements to: \*

Lucille R. Meehan \*  
10000 Babbitt Avenue \*  
Northridge, Calif. 91325 \*

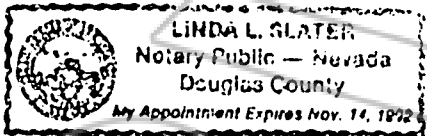
\* \* \* \* \*

AFFIDAVIT OF DEATH  
ACKNOWLEDGMENT

State of Nevada )  
County of Douglas ) ss.

On June 20, 1990, before me, the undersigned, a Notary Public in and for the State of Nevada, personally appeared LUCILLE R. MEEHAN, proven to me, on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged that LUCILLE R. MEEHAN executed the same.

Witness my hand and official seal.



Linda L. Slater  
Notary Public

LUCILLE R. MEEHAN, of legal age, being first duly sworn, deposes and says: That THOMAS RUSSELL MEEHAN, the decedent named in the attached certified copy of Certificate of Death, is the same person as THOMAS R. MEEHAN, named as one having an interest in that certain Revocable Living Trust dated December 30, 1986, executed by THOMAS R. MEEHAN AND LUCILLE R. MEEHAN as trustors and Thomas R. Meehan and Lucille R. Meehan as trustees, and affecting the following described real properties situated in the County of Douglas, State of Nevada.

Lot 6 Block C, as shown on the map of Kingsbury Meadows Subdivision, filed in the office of the County Recorder of Douglas County, State of Nevada, July 5, 1955 document No. 10542.  
ASSESSOR'S PARCEL NUMBER 07-205-06.

Lot 49, as shown on the Map of Ponderosa Park Subdivision, filed in the office of the County Recorder on February 25, 1970, Document No. 47249, Official Records of Douglas County, State of Nevada.  
ASSESSOR'S PARCEL NUMBER 07-162-24.

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, issues or profits thereof.

VERIFICATION

I declare under penalty of perjury under the laws of the State of Nevada that the forgoing is true and correct.

Dated June 20 1990

Lucille R. Meehan  
LUCILLE R. MEEHAN

**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY, YR		2B. HOUR	3. SEX	
THOMAS	RUSSELL	MEEHAN	MAY 7, 1990		0843	Male	
4. RACE	5. SPANISH/HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR	7. AGE IN YEARS	IF UNDER 1 YEAR	IF UNDER 24 HOURS	
White	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		April 23, 1928	62	MONTHS	DAYS	
8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH
PA	U.S.A.	Thomas A. Meehan		PA	Lillian Russell		PA
12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.		14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)			
19 ___ TO 19___ <input checked="" type="checkbox"/> NONE	-0618		Married	Lucille Reap			
16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED			
Cost Accountant	Mfg. of Aircraft	Rockwell International Corp.	32	15			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION			18B. CITY		18C. ZIP CODE		
10000 Babbitt Ave.			Northridge		91325		
18D. 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	34	California	Lucille Meehan (Wife) 10000 Babbitt Ave. Northridge, California 91325				
19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER				
Residence		Los Angeles	10000 Babbitt Ave. Northridge, California 91325				
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	23. WAS BIOPSY PERFORMED?				
10000 Babbitt Ave.	Northridge		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	IMMEDIATE CAUSE	(A) CARDIAC ARREST	▶	immediate	24A. WAS AUTOPSY PERFORMED?		
	DUE TO	(B) ISCHEMIC HEART DISEASE	▶	2 years	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO	(C) ATHEROMATOSIS CORONARY ARTERY DISEASE	▶	2 years	24B. 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			26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 27? IF YES, LIST TYPE OF OPERATION AND DATE.				
NONE			NO				
27A. DECEASED ATTENDED SINCE: MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED				
April 6, 1990	John D. Child, M.D.	A24335	5/10/90				
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS	27F. DATE SIGNED						
JOHN D. CHILD, M.D. 10833 LeConte Ave. Los Angeles, Ca	90024						
28A. SIGNATURE AND TITLE 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	30C. DATE OF INJURY	30D. MONTH, DAY, YEAR	31. HOUR		
		<input type="checkbox"/> YES <input type="checkbox"/> NO					
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
10							
34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE	34D. MO. DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER		
Burial	San Fernando Mission Cemetery, 11160 Stranwood St. Mission Hills, CA	5/11/90		[Signature]	6873		
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE				
BASTIAN & PERROTT MORTUARY	1198	[Signature]	MAY 10 1990				
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	
						CENSUS TRACT	

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

01-9-1-7085

THIS IS A TRUE CORRECTED COPY OF THE RECORD  
MADE IN THE OFFICE OF LOS ANGELES DEPARTMENT  
OF HEALTH SERVICES IF IT BEARS THIS SEAL IN  
DUPLICATE.

MAY 10 1990

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Director of Health Services and Registrar

REQUESTED BY  
*Lucille Meehan*  
IN OFFICIAL RECORDS OF  
DEPT. OF HEALTH SERVICES

90 JUN 20 P2:14

SUZARNE BEAUFEAU  
DEPUTY

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