

RECORDING REQUESTED BY
DOROTHY YING LEW

AND WHEN RECORDED MAIL TO

Name Dorothy Ying Lew
Street Address 4500 Totana Drive
City & State Tarzana, CA 91356

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit—Death of Joint Tenant

TO 426 C

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF CALIFORNIA,
COUNTY OF LOS ANGELES } ss.

DOROTHY YING LEW, of legal age, being first duly sworn, deposes and says:
That Ming Gai Lew, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ming Gai Lew named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 7, 1981, executed by Daniel Fong to Ming Gai Lew and Dorothy Ying Lew, husband and wife, as to an undivided one-half interest, and Hoover T. Wong and Virginia S. Wong, husband and wife as joint tenants, recorded as Instrument No. 58785, on July 31, 1981, in book 781, page 2040, of Official Records of Douglas County, Nevada ~~County, California~~ covering the following described property situated in the unincorporated area ~~County, California~~, County of Douglas, State of Nevada: ~~State of California~~:

Lot 6, Block A, as said lot and block is shown on the Official Map of Granite Springs Subdivision Unit No. One recorded June 15, 1979 in Book 679 of Official Records at Page 1150, Douglas County, Nevada, as Document No. 33554.

Assessment Parcel No. 07-452-06.

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

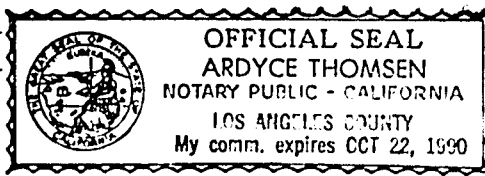
Dated June 11, 1990

Dorothy Ying Lew
DOROTHY YING LEW

SUBSCRIBED AND SWORN TO before me

this 11th day of June, 1990

Signature Ardyce Thomsen
Ardyce THOMSEN
Name (Typed or Printed)



237580
BOOK 1090 PAGE 4129

(This area for official notarial seal)

Title Order No. _____ Escrow or Loan No. _____

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) MING			1B. MIDDLE GAI			1C. LAST (FAMILY) LEW			2A. DATE OF DEATH—MO. DAY, YR. DECEMBER 31, 1989			2B. HOUR 0614		3. SEX M
4. RACE ASTAN			5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			6. DATE OF BIRTH—MO. DAY, YR. FEBRUARY 1, 1925			7. AGE IN YEARS 64		IF UNDER 1 YEAR MONTHS _____ DAYS _____		IF UNDER 24 HOURS HOURS _____ MINUTES _____	
8. STATE OF BIRTH CHINA	9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER SIR TOY LEW			10B. STATE OF BIRTH CHINA		11A. FULL MAIDEN NAME OF MOTHER NGAN LAU			11B. STATE OF BIRTH CHINA			
12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE			13. SOCIAL SECURITY NO. 7399			14. MARITAL STATUS MARRIED			15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) DOROTHY LOUIE					
16A. USUAL OCCUPATION ENGINEER			16B. USUAL KIND OF BUSINESS OR INDUSTRY AEROSPACE			16C. USUAL EMPLOYER LOCKHEED CORP.			16D. YEARS IN OCCUPATION 36		17. EDUCATION—YEARS COMPLETED 16			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 4500 TOTANA DRIVE								18B. CITY TARZANA			18C. ZIP CODE 91356			
18D. COUNTY LOS ANGELES			18E. NUMBER OF YEARS IN THIS COUNTY 38			18F. STATE OR FOREIGN COUNTRY CALIFORNIA			20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT DOROTHY LEW -WIFE 4500 TOTANA DRIVE TARZANA, CA. 91356					
19A. PLACE OF DEATH KAISER HOSPITAL			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP			19C. COUNTY LOS ANGELES			TIME INTERVAL BETWEEN ONSET AND DEATH		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 5601 DE SOTO AVENUE								19E. CITY WOODLAND HILLS			23. WAS BIOPSY PERFORMED? <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)										24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IMMEDIATE CAUSE	(A) CARDIOPULMONARY ARREST			▶			MINUTES			24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DUE TO	(B) MYOCARDIAL INFARCTION			▶			DAYS							
DUE TO	(C) ISCHEMIC CARDIOMYOPATHY			▶			MONTHS							
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 DIABETES MELLITUS								26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NONE						
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 12-31-89			27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN <i>Mark Feinerman M.D.</i>			27C. PHYSICIAN'S LICENSE NUMBER G43884			27D. DATE SIGNED 12-31-89					
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS MARK FEINERMAN M.D., 5601 DE SOTO AVE., WOODLAND HILLS, CA. 91367			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 <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		30D. HOUR				
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)						33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)								
34A. DISPOSITION(S) BURIAL			34B. PLACE OF FINAL DISPOSITION NAME AND ADDRESS FOREST LAWN MEMORIAL PARK LOS ANGELES, CA. 90068			34C. DATE MO. DAY, YEAR JAN. 6, 1990		35A. SIGNATURE OF EMBALMER <i>David Session</i>		35B. LICENSE NUMBER 7653				
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) FOREST LAWN HOLLYWOOD HILLS MTY.			36B. LICENSE NO. F 904		37. SIGNATURE OF LOCAL REGISTRAR <i>Mark Feinerman</i>			38. REGISTRATION DATE JAN. 05 1990						
A.	B.	C.	D.	E.	F.	CENSUS TRACT								

VS-11 (REV. 3-89) 410

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

357-1-150

REQUESTED BY
Dorothy Ying Lew
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

90 OCT 26 P1:25

237580

SUZANNE BEAUDREAU
RECORDED

\$6 PAID k12 DEPUTY

