

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )  
 )  
 COUNTY OF DOUGLAS )

PEARL M. LEEDS, being of legal age,  
 and being first duly sworn, deposes and says, that WILBUR  
J. LEEDS,

the decedent mentioned in the attached certified copy of Certificate  
 of Death, is the same person as WILBUR J. LEEDS  
 named as one of the parties in that certain deed

      , dated July 28, 1987  
 executed by VIRGINIA M. NETTLETON

to WILBUR J. LEEDS and PEARL M. LEEDS, husband and wife

as joint tenants, recorded as Instrument No. 163520, on  
October 1, 1987, in Book 1087, Page 078,

of Official Records of DOUGLAS County, State of  
NEVADA

, covering the following described  
 property situated in the County of Douglas, State of  
Nevada, as follows:

Lot 465, as shown on the Map of Subdivision of Lots 91 A & B, 92 A & B,  
 93 through 96, and 221 through 232 Gardnerville Ranchos Unit No. 2 filed  
 July 10, 1967, Document No. 37049, in the Office of the County Recorder  
 of Douglas County, State of Nevada.

Assessment Parcel No. 27-410-10.

Dated this 15<sup>th</sup> day of June, 1992.

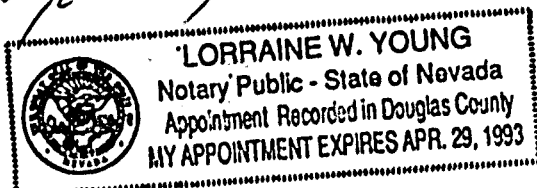
STATE OF Nevada )  
 ) ss.  
 COUNTY OF Douglas )

Pearl M. Leeds  
 PEARL M. LEEDS

On June 15<sup>th</sup>, 1992, personally appeared  
 before me, a Notary Public, Pearl M. Leeds

personally known or proved to me to be the  
 persons whose names are subscribed to the above  
 instrument who acknowledged that they executed  
 the same for the purposes therein stated.

Lorraine Young  
 Notary Public



WHEN RECORDED, MAIL TO:  
Pearl M. Leeds  
8314 Columbus Ave.  
Sepulveda, CA 91343

280980

**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) <b>Wilbur</b>		1B. MIDDLE <b>John</b>		1C. LAST (FAMILY) <b>Leeds</b>		2A. DATE OF DEATH— MONTH, DAY, YEAR <b>January 23, 1989</b>		2B. HOUR <b>0355</b>		3. SEX <b>Male</b>	
4. RACE <b>White/English</b>		5. SPANISH/HISPANIC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH— MONTH, DAY, YEAR <b>March 27, 1916</b>		7. AGE IN YEARS <b>72</b>		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES	
8. STATE OF BIRTH <b>Ohio</b>	9. CITIZEN OF WHAT COUNTRY <b>USA</b>	10A. FULL NAME OF FATHER <b>William John Leeds</b>			10B. STATE OF BIRTH <b>Ohio</b>	11A. FULL MAIDEN NAME OF MOTHER <b>Marie Groening</b>			11B. STATE OF BIRTH <b>Ohio</b>		
12. MILITARY SERVICE? <b>19 41 to 1946</b> <input type="checkbox"/> NONE		13. SOCIAL SECURITY NUMBER <b>0998</b>		14. MARITAL STATUS <b>Married</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Pearl Nolte-Price</b>					
16A. USUAL OCCUPATION <b>Maintenance Engineer Aerospace</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Aerospace</b>		16C. USUAL EMPLOYER <b>Northrop</b>		16D. YEARS IN USUAL OCCUPATION <b>50</b>		17. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17*) <b>13</b>			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>8314 Columbus Avenue</b>						18B. CITY <b>Sepulveda</b>		18C. ZIP CODE <b>91343</b>			
18D. COUNTY <b>Los Angeles</b>		18E. NUMBER OF YEARS IN THIS COUNTY <b>40</b>		18F. STATE OR FOREIGN COUNTRY <b>California</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Pearl Leeds - Wife 8314 Columbus Avenue Sepulveda, Calif. 91343</b>					
19A. PLACE OF DEATH <b>PANORAMA COMMUNITY HSP.</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, BR/OP, DOA <b>IP</b>		19C. COUNTY <b>LOS ANGELES</b>		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>14850 ROSCOE BLVD.</b>		19E. CITY <b>PANORAMA CITY</b>		22. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)—TYPE OR PRINT IMMEDIATE CAUSE (A) <b>Cardiac Arrest</b> <b>5 MIN</b>		DUE TO (B) <b>Myocardial Infarction</b> <b>5 DAY</b>		DUE TO (C) <b>Arteriosclerotic heart disease</b> <b>6 Yrs.</b>		23. WAS BLOODY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>none</b>						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? TYPE <b>no</b>					
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR <b>9/24/69</b>		27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR <b>11/18/89</b>		27C. SIGNATURE AND DESIGNS OR TITLE OF PHYSICIAN <b>M. Beck, M.D.</b>		27D. PHYSICIAN'S LICENSE NUMBER <b>A 27755</b>		27E. DATE SIGNED <b>1/24/89</b>			
27F. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>M. Beck, M.D. 8215 Van Nuys Blvd Panorama City, CA.</b>		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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR			
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)				33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
34A. DISPOSITION <b>Cremation</b>		34B. PLACE OF FINAL DISPOSITION <b>Spring Grove Cemetery Cincinnati, Ohio</b>		34C. DATE OF DISPOSITION MONTH, DAY, YEAR <b>2/1/1989</b>		34D. SIGNATURE OF EMPALMER <b>John W. Kiley</b>		34E. LICENSE NUMBER <b>5641</b>			
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Forest Lawn/Glendale</b>		35B. LICENSE NO. <b>656</b>		35C. SIGNATURE OF LOCAL REGISTRAR <b>[Signature]</b>		35D. REGISTRATION DATE <b>JAN 30 1989</b>					
A.	B.	C.	D.	E.	F.	CENSUS TRACT					

VS-11 (REV. 1-89) 419

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

01-4-1-0534

REQUESTED BY  
Pearl Leeds  
IN OFFICIAL RECORDS OF  
DEPARTMENT OF HEALTH SERVICES

92 JUN 15 P2:31

56-00  
K2 DEPUTY

280980

BOOK 692 PAGE 2492

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.



JAN 30 1989

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*[Signature]*

Director of Health Services and Registrar