

WHEN RECORDED MAIL TO:

✓ Mrs. Eunice E. Rowan
7467 Del Rosa Avenue
San Bernardino, California 92410

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

EUNICE E. ROWAN, of legal age, being first duly sworn, deposes and says:

That GEORGE C. ROWAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GEORGE C. ROWAN named as one of the parties in that certain Individual Grant Deed dated November 12, 1993, executed by Grantor, GEORGE C. ROWAN, an Unmarried Man, to Grantees, GEORGE C. ROWAN and EUNICE E. ROWAN, Husband and Wife as Joint Tenants, recorded in the County of Douglas, State of Nevada, being Assessor's Parcel Number 27-503-15, specifically described as:

LOT 15, BLOCK E, AS SAID LOT AND BLOCK ARE SHOWN IN THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON APRIL 10, 1967.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

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 \$100,000. *120,000 E.E.P.*

Eunice E Rowan

EUNICE E. ROWAN

Subscribed and Sworn to before me, a notary public, this 28th day of December 1994.

Dianne C. Croft

Notary Public commissioned for said County and State



CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS
VB-11 (REV. 7/93)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER					
1. NAME OF DECEDENT—FIRST (GIVEN) GEORGE		2. MIDDLE CARL		3. LAST (FAMILY) ROWAN			
4. DATE OF BIRTH MM/DD/CCYY 12/19/1912		5. AGE YRS. 81		6. SEX M		7. DATE OF DEATH MM/DD/CCYY 10/02/1994	
8. HOUR 1300		9. STATE OF BIRTH IL		10. SOCIAL SECURITY NO. 8802		11. MILITARY SERVICE NONE	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 12		14. RACE WHITE		15. HISPANIC—SPECIFY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16. USUAL EMPLOYER HAWTHORNE NAVAL BASE		17. OCCUPATION WELDER		18. KIND OF BUSINESS CIVIL SERVICE		19. YEARS IN OCCUPATION 40	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 7467 DEL ROSA AVE							
21. CITY SAN BERNARDINO		22. COUNTY SAN BERNARDINO		23. ZIP CODE 92410		24. YRS IN COUNTY 12	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP OMEGA SOCIETY					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2800-A S. MAIN, SANTA ANA, CA. 92707							
28. NAME OF SURVIVING SPOUSE—FIRST EUNICE		29. MIDDLE ELIZABETH		30. LAST (MAIDEN NAME) BLUTCHER			
31. NAME OF FATHER—FIRST RALPH		32. MIDDLE R.		33. LAST ROWAN		34. BIRTH STATE OH	
35. NAME OF MOTHER—FIRST ROSA		36. MIDDLE -		37. LAST (MAIDEN) PETERS		38. BIRTH STATE KS	
39. DATE MM/DD/CCYY 10/05/1994		40. PLACE OF FINAL DISPOSITION SEA 3 MILES OFF NEWPORT BEACH, CA.					
41. TYPE OF DISPOSITION(S) CREMATION - SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR OMEGA SOCIETY		45. LICENSE NO. FD1280		46. SIGNATURE OF LOCAL REGISTRAR <i>Thomas J. Prendergast, M.D.</i>		47. DATE MM/DD/CCYY 10/05/1994	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA		103. FACILITY OTHER THAN HOSPITAL: <input checked="" type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY SAN BERNARDINO	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 7467 DEL ROSA AVE.		106. CITY SAN BERNARDINO					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH Days 2 Yr 4		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 94-5438-CM			
IMMEDIATE CAUSE (A) <i>Respiratory failure</i>		DUE TO (B) <i>myo Thelios</i>		DUE TO (C)		DUE TO (D)	
109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <i>None</i>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <i>7/29/93 Bypass chest mass</i>							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 21087		115. SIGNATURE AND TITLE OF CERTIFIER <i>James M. Hellwig, M.D.</i>		116. LICENSE NO. 22531		117. DATE MM/DD/CCYY 10 3 94	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP T.M.HELLWIG, M.D., 1700 N. WATERMAN, SAN BERNARDINO, CA. 92404		119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>James R. Sedgwick</i>		127. DATE MM/DD/CCYY 10/05/1994		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER JAMES R. SEDGWICK DEPUTY CORONER			
STATE REGISTRAR 10-10-6		FAX AUTH. #		CENSUS TRACT 06400 1991			

529188

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED OCT 06 1994

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH,

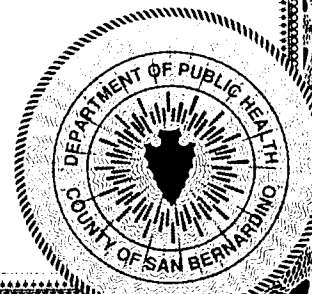
355636

Thomas J. Prendergast, M.D.
THOMAS J. PRENDERGAST, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

BK 0295P60785

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

REQUESTED BY
Eunice Rowan
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 FEB -6 P12:03

355636

BK0295PG0786

LINDA SLATER
RECORDER
\$ 9.00 PAID K2 DEPUTY