

# AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA                }  
   } ss.  
 COUNTY OF DOUGLAS        }

JAMES B. RORICK, of legal age, being first duly sworn, deposes and says:  
 That GLENN A. M. RORICK, the decedent mentioned in the attached certified copy  
 of Certificate of Death, is the same person as GLENN A. M. RORICK  
 named as one of the parties in that certain DEED dated December 29, 1969  
 executed by WILLARD B. INGERSOLL and ELIZABETH INGERSOLL, husband and wife  
 to JAMES B. RORICK & GLENN A. M. RORICK, husband & wife, an undivided \*  
 as joint tenants, recorded as Instrument No. 47147, on February 12, 1970  
 in Book 73, Page 383, of Official Records of DOUGLAS  
 County, Nevada, covering the following described property situated in the DOUGLAS  
 County, State of Nevada:

The Southwest 1/4 of the Northeast 1/4 of Section 17, Township  
 9 North, Range 23 East, M.D.B.&M.

RESERVING THEREFROM an easement for road and public utility  
 purposes to be used in common with others, over the North,  
 South, East and West 10 feet thereof.                                        APN 39-060-09

\*one-half interest, as Joint Tenants, and RALPH RORICK  
 & MARILYN E. RORICK, Husband and wife, an undivided  
 one-half interest, as joint Joint Tenants

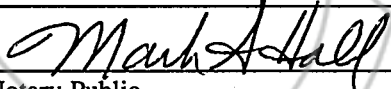
DATE: July 29, 1997

  
 \_\_\_\_\_  
 JAMES B. RORICK

STATE OF California        }  
   } ss.  
 COUNTY OF San Bernardino   }

This instrument was acknowledged before me on 8-31-97  
JAMES B. RORICK

(This area above for official notarial seal)

Signature   
 \_\_\_\_\_  
 Notary Public



RECORDING REQUESTED BY:  
**STEWART TITLE COMPANY**  
 WHEN RECORDED MAIL TO:

**JAMES B. RORICK**  
 c/o Kristie Rorick  
 1640 Mitchell Ave.  
 Riverside, CA 92505

0421927  
 BK0997PG3523

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VB-11 (REV. 11/06)				LOCAL REGISTRATION NUMBER				
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) <b>Glenna</b>		2. MIDDLE <b>Mae</b>		3. LAST (FAMILY) <b>Rorick</b>					
	4. DATE OF BIRTH MM/DD/CCYY <b>02/18/1932</b>		5. AGE YRS. <b>65</b>		6. SEX <b>F</b>		7. DATE OF DEATH MM/DD/CCYY <b>06/02/1997</b>			
	8. STATE OF BIRTH <b>KS</b>		10. SOCIAL SECURITY NO. <b>9136</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS <b>Married</b>			
	14. RACE <b>White</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>Clinical Care</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>			
USUAL RESIDENCE	17. OCCUPATION <b>Pharmacy Tech</b>		18. KIND OF BUSINESS <b>Pharmaceuticals</b>		19. YEARS IN OCCUPATION <b>20</b>					
	20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>52-601 Mecca</b>									
	21. CITY <b>Morongo Valley</b>		22. COUNTY <b>San Bernardino</b>		23. ZIP CODE <b>92256</b>	24. YRS IN COUNTY <b>15</b>	25. STATE OR FOREIGN COUNTRY <b>CA</b>			
INFORMANT	26. NAME, RELATIONSHIP <b>James Rorick Jr. - Husband</b>		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>52-601 Mecca Morongo Valley, CA 92256</b>							
	SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST <b>James</b>		29. MIDDLE <b>Blair</b>		30. LAST (MAIDEN NAME) <b>Rorick Jr.</b>				
31. NAME OF FATHER—FIRST <b>Andrew</b>		32. MIDDLE <b>-</b>		33. LAST <b>Pollock</b>		34. BIRTH STATE <b>NY</b>				
35. NAME OF MOTHER—FIRST <b>Zepha</b>		36. MIDDLE <b>James</b>		37. LAST (MAIDEN) <b>James</b>		38. BIRTH STATE <b>MO</b>				
DISPOSITION(S)	39. DATE MM/DD/CCYY <b>06/06/1997</b>		40. PLACE OF FINAL DISPOSITION <b>RES of James Rorick Jr. 52-601 Mecca, Morongo Valley, CA 92256</b>							
	41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>			43. LICENSE NO. <b>-</b>				
FUNERAL DIRECTOR AND LOCAL REGISTRAR	44. NAME OF FUNERAL DIRECTOR <b>Wiefels &amp; Son - Palm Springs</b>		45. LICENSE NO. <b>FD 836</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>P. G. ...</i>		47. DATE MM/DD/CCYY <b>06/05/1997</b>			
	PLACE OF DEATH	101. PLACE OF DEATH <b>Desert Hospital</b>		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY <b>Riverside</b>		
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>1150 North Indian Canyon Drive</b>		106. CITY <b>Palm Springs</b>								
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINK FOR A, B, C, AND D.)										
CAUSE OF DEATH	IMMEDIATE CAUSE (A) <b>Cardiopulmonary Arrest</b>		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	DUE TO (B) <b>Respiratory Failure</b>		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					
	DUE TO (C) <b>Sepsis Syndrome</b>		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>Severe Chronic Obstructive Pulmonary Disease, Lung Cancer - Possible</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>No</b>					
	DUE TO (D) <b>Pneumonia</b>									
PHYSICIAN'S CERTIFICATION	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 <b>05/07/1997</b>		DECEDENT LAST SEEN ALIVE MM/DD/CCYY <b>06/02/1997</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>A.M.</i>		116. LICENSE NO. <b>A 50604</b>			
	117. DATE MM/DD/CCYY <b>06/04/1997</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>Ayad M. Garghoury, MD 58383 29 Palms Hwy., Yucca Valley, CA 92284</b>							
CORONER'S USE ONLY	119. MANNER OF DEATH <input 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, ZIP)									
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER						
STATE REGISTRAR	A	B	C	D	E	F	G	H	FAX AUTH. # <b>870432</b>	CENSUS TRACT

723755

STATE OF CALIFORNIA  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

06/16/1997

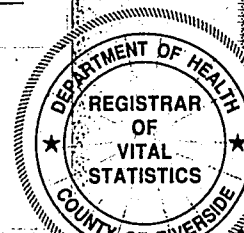
DATE ISSUED

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

*P. G. ...*  
Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA

0421927

BK0997PG3524




COPY

REQUESTED BY  
**Stewart Title of Douglas County**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'97 SEP 18 A9:59

0421927

LINDA SLATER  
RECORDER

BK0997PG3525 9.00 PAID  DEPUTY