

RECORDING REQUESTED BY  
MONICA S. BINGHAM  
AND WHEN RECORDED MAIL TO

✓ *Monica S. Bingham*  
*1566-4th ST.*  
*Minden, Nv. 89423*

Escrow No.  
Order No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF ~~CALIFORNIA~~ Nevada }  
COUNTY OF DOUGLAS } SS

MONICA S. BINGHAM  
of legal age, being first duly sworn, deposes and says:

That LEWIS R. BINGHAM, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LEWIS R. BINGHAM, named as one of the parties in that certain JOINT TENANCY DEED dated SEPTEMBER 30, 1980 executed by ALTON L. FINK AND MARY MASON FINK, HUSBAND AND WIFE to LEWIS R. BINGHAM AND MONICA S. BINGHAM, HUSBAND AND WIFE, AS JOINT TENANTS as joint tenants, recorded as Instrument No./Series No. 49514, on OCTOBER 10, 1980 in Book/Reel 1080, at Page/Image 848, of Official Records of DOUGLAS County Nevada., covering the following described property situated in the County of DOUGLAS, State of ~~California~~: Nevada:

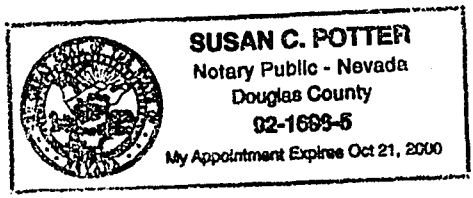
LOTS 11, 12, 13 & 14, IN BLOCK J, AS SHOWN ON THE MAP OF TOWN OF MINDEN, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JULY 2, 1906. A.P. # 25-200-52 *NEN 1320-32-111-058*

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 August 5, 1998

*Monica S. Bingham*  
MONICA S. BINGHAM

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 19th day of October, 1998



*Susan C. Potter*  
Susan C. Potter

Name (Typed or Printed)  
Notary Public In and for said County and State

(THIS AREA FOR OFFICIAL NOTARIAL SEAL)

0452038

BK 1098 PG 3613

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1719 W. 17TH STREET • SANTA ANA, CALIFORNIA 92706

CERTIFICATE OF DEATH

3 199830 008591

STATE OF CALIFORNIA  
 STATE FILE NUMBER LOCAL REGISTRATION NUMBER  
 USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
 VS-11 (REV. 7/97)

1. NAME OF DECEDENT—FIRST (GIVEN) LEWIS			2. MIDDLE RAY			3. LAST (FAMILY) BINGHAM			
4. DATE OF BIRTH M/M/D/CYY 03/29/1948		5. AGE YRS. 50		6. SEX MALE		7. DATE OF DEATH M/M/D/CYY 06/30/1998		8. HOUR EST 1024	
9. STATE OF BIRTH CA	10. SOCIAL SECURITY NO. 3222		11. MILITARY SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 14		
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. USUAL EMPLOYER CARPENTERS LOCAL 1789					
17. OCCUPATION CARPENTER			18. KIND OF BUSINESS CONSTRUCTION/COMMERCIAL			19. YEARS IN OCCUPATION 25			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1566 4TH STREET <span style="border: 1px solid black; padding: 2px;">1 of 2</span>									
21. CITY MINDEN			22. COUNTY DOUGLAS		23. ZIP CODE 89423		24. YRS IN COUNTY 25	25. STATE OR FOREIGN COUNTRY NV	
26. NAME, RELATIONSHIP MONICA BINGHAM - WIFE						27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1566 4TH STREET MINDEN, NV 89423			
28. NAME OF SURVIVING SPOUSE—FIRST MONICA			29. MIDDLE -			30. LAST (MAIDEN NAME) SERPA			
31. NAME OF FATHER—FIRST LEWIS			32. MIDDLE LEE			33. LAST BINGHAM		34. BIRTH STATE CA	
35. NAME OF MOTHER—FIRST JEANETTE			36. MIDDLE -			37. LAST (MAIDEN) GROSSE		38. BIRTH STATE ME	
39. DATE M/M/D/CYY 07/07/1998		40. PLACE OF FINAL DISPOSITION RES:MONICA BINGHAM 1566 4TH STREET MINDEN, NV 89423							
41. TYPE OF DISPOSITION(S) CR/TR/RES			42. SIGNATURE OF EMBALMER NOT EMBALMED			43. LICENSE NO. -			
44. NAME OF FUNERAL DIRECTOR WESTMINSTER MEM. PARK MORTUARY			45. LICENSE NO. FD 1030		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/D/CYY 07/06/1998		
101. PLACE OF DEATH PACIFICA HOSPITAL		102. IF HOSPITAL SPECIFY ONE! <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY ORANGE			
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 18800 DELAWARE STREET						106. CITY HUNTINGTON BEACH			
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)  IMMEDIATE CAUSE (A) PENDING INVESTIGATION  DUE TO (B)  DUE TO (C)  DUE TO (D)						TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CORONER NUMBER 98-04318-ME		
109. BIOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107									
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.									
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 M/M/D/CYY			115. SIGNATURE AND TITLE OF CERTIFIER			116. LICENSE NO.	117. DATE M/M/D/CYY		
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP									
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/D/CYY		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 Cullen W. Ellingburgh			127. DATE M/M/D/CYY 07/01/1998		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER DEPUTY CORONER CULLEN W. ELLINGBURGH FOR SHERIFF-CORONER BRAD GATES				
STATE REGISTRAR		A		B		C		D	
FAX AUTH. #		5159		CENSUS TRACT					

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF ORANGE

} SS

DATE ISSUED

SEP 29 1998

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

HUGH F. STALLWORTH, M.D.  
COUNTY HEALTH OFFICER,  
REGISTRAR OF VITAL STATISTICS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY  
Monica Bingham  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'98 OCT 19 P3:26

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LINDA SLATER  
RECORDER  
\$ 9.00 PAID 2 DEPUTY