ESCRUW NO.	
AFFIDAVIT - DEA	ATH OF JOINT TENANT
STATE OF NEVADA }	
county of <u>douglas</u> }	
VERDA M. SCHULTZ That ERNEST BENNETT SCHULTZ	, of legal age, being first duly sworn, deposes and says:, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as <u>ERNEST</u> named as one of the parties in that certain <u>DEED</u>	
executed by U.S. BANK NATIONAL ASSOC	TATION FORMERLY II C DANK-OF NEWARA
as joint tenants, recorded as Instrument No. 0467068 in Book 499 , Page 6970 , of C	chultz, husband and wife as JT WROS
County, Nevada, covering the following described proper County, State of Nevada:	
Lot 4, Block A, as set forth on t Unit No. 5, filed for record in t Douglas County, Nevada on April 1 1895, as Document No. 223938, Off Assessors Parcel # 21-160-36.	he Office of the Recorder of 3, 1990, in Book 490, Page
THE PRETERMENT IS REDNO BECCEDED AS AN ACCOMPODATION OFFICE, NO FEATURE, EXPRESSED OF MARKETY OF STEELS ARTY. DE SUBSECTION OF THE TO THE BEST OF ANY, SHORT THERE TO ARM BEAL PROPERTY DESCRISED THEREIN.	Werda M. Schultz
STEWART TITLE OF DOUGLAS COUNTY	
DATE: June 10, 1999	
STATE OF Nevada	SUZANNE CHEECHOV Notary Public - State of Nevada Appointment Recorded in Douglas County MY APPOINTMENT EXPIRES JUNE 25, 1999
COUNTY OF DOUGLAS } ss.	Certification
This instrument was acknowledged before me on June VERDA M. SCHULTZ	10, 1999 (This area above for official notarial seal)
Signature Notary Public	
RECORDING REQUESTED BY:	
STEWART TITLE COMPANY WHEN RECORDED MAIL TO:	
✓ Verda M. Schultz 3821 El Tesoro Place	
Rancho Palos Verdes, CA 90275	0470511
2781 Kayne Ove Minden NV 89423	BK 0699PG3706
THINGER 100 STORES	86003360700

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

51/	ATE FILE NUM	BER		- USE E	ILACK IN	IK ONLYA	TATE OF UBARN OF VIII	RES, W	HITEOUTS O	R ALTER	ATIONS	LOCAL F	EGIST	RATION NU	MBER	
	1. NAME OF DECEDENT-FIRST (GIVEN)				VS-11 (REV. 7/97) 2. MIDDLE				3. LAST (FAMILY)					_		
	ERNEST				BENNETT S. 17 UNDER 1 YEAR 17 UNDER 24 HOURS 6			6, 9EX	SCHU	LTZ			-			
DECEDENT PERSONAL DATA	04/16/1	918	10. 90CIA	81		MONTHE	DAYS	HOUR	MINUTES	MALE	0	5/09/1999		1	1152	LETED
	CALIFOR		10. 3001	923	9		X YES			JNK	MARR	IED		20	- LANGE COMP	
	WHITE YES						X NO SE					L EMPLOYED				\
	SURGEON				- 1	MEDIC	OF BUSING	298			-	The same of the sa	19. ve	ARS IN OCC	UPATION	\
	20. RESIDENCE-(STREET AND NUMBER OR LOCATION)												_ \			
USUAL RESIDENCE	3821 EL TESORO 21. CITY 22. COUNTY 23, 21P CODE 24, YRB IN COUNTY 25, STATE OR FOREIGN COUNTRY										UNTRY					
					OS ANGELES 90275					63	1					
INFORMANT	25. NAME, RELATIONSHIP 27. MAILING ADDRESS (STREET AND NUMBER OR RUNAL ROUTE NUMBER, CITY OR TOWN, STATE, Z											, ZIP)				
	28. NAME OF			IRST	2	9. MIDDLI		061	EL IES	30. LA	BT (MAIDE	N NAME)	EKU	.s, CA	90275	
SPOUSE	VERDA	VERDA 31. NAME OF FATHER—FIRST				- MACKEY						_\	1_		34. BIRTH	
AND PARENT	ARTHUR	- AINER-	1491		3	2. MIDOLI E	%.			SCH	ultz				PIATE	
INFORMATION	35, NAME OF		FIRST		34	6. MIDDLI	200		7	37. LA	ST (MAIDE	N)			SB. BIRTH	BTATE
	LAVINIA		YY 40. PL	ACE OF F	INAL DIS	POSITION	· ·	<u> </u>		LIN	TON	/	Ц.		CA	
DISPOSITION(S)	05/13/19	99	RES			CHULT	Z, 38	21 E	L TESO	RO, B	ANCHO	PALOS VI	RDE			
FUNERAL	CR/RES	DISPOSITIO	N(B)			42. 1	NOT		7%		V			43. LICENI	E NO.	
DIRECTOR AND LOCAL	44. NAME OF	FUNERAL	DIRECTOR			45, 1	NOT	. 46.	PRESTURE	P LOCA	REGISTR	AR			4 M / D D / C	
REGISTRAR	McNERNE		PEDRO			FD	418		·ows	N	mu	· · · · · · · · · · · · · · · · · · ·	۳۰۰۰		/1999 S	<u>/.5.</u>
PLACE	San Ped		, insula	Hosp						CONV.	RES		104. c		•	1
OF DEATH	San Pedro Peninsula Hospital X IP DOA DOA CARE DOTHER LOS Angeles 105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)															
	1300 W	_ #	107	B ONLY	NE CAL		INF COD	100	AND DI			TIME INTERVA		Pedro		
	TOY. CEATH I	AS CAUSE	J OT TEATE	H ONLY	THE CAU	BE FER L	INE FOR		, AND D)	٧.		AND DEATH	rt 🗎	X YES		1
	IMMEDIATE CAUSE	(A) Suc	iden Ca	rdiac	Deat	th			<u>\</u>	1		Mins	99	9-5486î	NUMBER	<u> </u>
	DUE TO (B) Aortic Dissection						__					Hrs		YES	X N	
CAUSE OF Death	DUE TO (C) Aortic Valve Disease						se					Yrs_	[YES	X N	
	DUE TO (D)						/ /						'''	. USED IN DET	ERMINING CAT	1
-	112. OTHER S		The contract of the contract o	796					ATED TO CA	JSE GIVE	N IN 107	ــــــــــــــــــــــــــــــــــــــ		163	N	<u> </u>
	Coronary	Coronary Artery Disease Prostate Cancer 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN 17EM 107 OR 1121 IF YES, LIST TYPE OF OPERATION AND DATE.														
	[_	Coronary Atherectomy and Angioplasty 11/15/1994														
	114. I CERTIFY	THAT TO T	HE BEST OF	MY KNOW	- 10	S, SIGN/		D TITLE	OF CERTIF	ER	j	116. LICENSE !	10.		MM/DD/C	CYY
PHYSI- CIAN'S CERTIFICA-	AND PLACE DECEMENT ATTEN	E STATED I	ROM THE CA DECEDENT LA M M / D	USES STA ST SEEN A D/C C Y Y	LIVE	18. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADD					NG ADDRI	G13706		05/11/	1999	
TION	11/14/19	994	04/05/		J E	BENJA	MIN RO	OSIN	,M.D.33	30 W	LOMIT	TA BLVD,T	ORRA	NCE, CA	90505	5_]
	11/14/1994 04/05/1999 BENJAMIN ROSIN, M.D. 3330 W LOMITA BLVD, TORRANCE, CA 90505 CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE 120. INJURY AT WORK 121. INJURY DATE M M / D D / C C Y Y 122. HOUR 123. PLACE OF INJURY															
8	STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)															
CORONER'S	NATURAL SUICIDE HOMICIDE R'S ACCIDENT PENDING DETERMINED										İ					
USE																
No. 1												- 1				
The Real Property lies	126. SIGNATUR	E OF COR	ONER OR DI	EPUTY CO	RONER		127. D	ATE MM/	DD/CCYY	128.	TYPED NA	ME, TITLE OF C	PONE	OR DEPUTY	CORONER	
STATE	^	В	C	ГР		E	F	1	G	н	FAX /	AUTH. #		Ci	ENSUS TR	ACT
REGISTRAR												312-8723				-3 1001
The same of the sa			100													ーフィリロイ

This is a true certified copy of the record filed in the County of Los Angeles Department of Heapth Services if it bears the Registrar's signature in purple ink.

233 MAY 141

DATE ISSUED

Director of Health Service and Registrar

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



JUN 17 P3:18

LINDA SLATER RECORDER _DEPUTY

0470511 BK0699PG3708