

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF Douglas } ss.

Ronnie W. Luman as Executor of the Estate of Roy Glenn Luman, of legal age, being first duly sworn, deposes and says: That ELIZABETH ANGELIA LUMAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ELIZABETH LUMAN named as one of the parties in that certain GRANT DEED dated _____ executed by Development Corporation to ROY LUMAN AND ELIZABETH LUMAN, HUSBAND AND WIFE as joint tenants, recorded as Instrument No. 64051, on JANUARY 31, 1973 in Book 173, Page 874, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the County, State of Nevada:

Lot 50 in Block K, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT. no. 4, filed for record November 16, 1970, in the office of the County Recorder of Douglas County, Nevada as Document No. 50212.

APN# 37-441-01

DATE: September 07, 1999

RONNIE W. LUMAN AS THE EXECUTOR OF THE ESTATE OF ROY GLENN LUMAN

Ronnie W. Luman as the executor of the estate of Roy Glenn Luman

STATE OF NV }
COUNTY OF Douglas } ss.



This instrument was acknowledged before me on Sept. 13, 1999
Ronnie W. Luman, Executor

(This area above for official notarial seal)

Signature Suzanne Cheechov
Notary Public

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:
Ronnie W. Luman, Executor
526 Honker Lane
Suisun, CA 94585

0476413

BK0999PG2284

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

39319012367

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) ELIZABETH	1B. MIDDLE ANGELIA	1C. LAST (FAMILY) LUMAN	2A. DATE OF DEATH—MO. DAY, YR. March 18, 1993	2B. HOUR 2303	3. SEX FEMALE
4. RACE WHITE	5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. JANUARY 16, 1928	7. AGE IN YEARS 65	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES
8. STATE OF BIRTH IL	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER VINCENT CASTLEMAN	10B. STATE OF BIRTH CZ	11A. FULL MAIDEN NAME OF MOTHER FRANCIS BENZ	11B. STATE OF BIRTH YUGO
12. MILITARY SERVICE 19 -- TO 19 -- <input checked="" type="checkbox"/> NONE	13. SOCIAL SECURITY NO. 2536	14. MARITAL STATUS MARRIED	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) ROY LUMAN	16A. USUAL OCCUPATION HOMEMAKER	16B. USUAL KIND OF BUSINESS OR INDUSTRY HOMEMAKING
16C. USUAL EMPLOYER SELF EMPLOYED	16D. YEARS IN OCCUPATION 44	17. EDUCATION—YEARS COMPLETED 11	18A. RESIDENCE—STREET AND NUMBER OR LOCATION 23121 WELBY WAY	18B. CITY WEST HILLS	18C. ZIP CODE 91307
18D. COUNTY LOS ANGELES	18E. NUMBER OF YEARS IN THIS COUNTY 33	18F. STATE OR FOREIGN COUNTRY CALIFORNIA	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT ROY LUMAN - HUSBAND 23121 WELBY WAY WEST HILLS, CALIFORNIA 91307	19A. PLACE OF DEATH KAISER PERMANENTE HOSP.	19B. IF HOSPITAL SPECIFY ONE, I.P. ER/OP, DOA IP
19C. COUNTY LOS ANGELES	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 5601 DESOTO AVENUE	19E. CITY WOODLAND HILLS	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Blood infection (Sepsis gram negative) ▶ 72HR (B) Hepatic failure ▶ 24R (C) Hepatitis C infection ▶ 104R	22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	23. WAS BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
24. WAS AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Gastrointestinal bleedng due to hepatic failure	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. No	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 1/1/89	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER Daniel Kashinsky, MD
27C. CERTIFIER'S LICENSE NUMBER G 23627	27D. DATE SIGNED 3/19/93	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Daniel Kashinsky, MD, 5601 DeSoto, Woodland Hills, Ca 91367	28A. SIGNATURE AND TITLE 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	30D. HOUR	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
34A. DISPOSITION(S) CR/RES	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS 23121 Welby Way, West Hills, California	34C. DATE MO. DAY, YR. 3-24-1993	35A. SIGNATURE OF EMBALLER Dob J. Elzamp	35B. LICENSE NO. 4937	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) GATES, KINGSLEY & GATES C/P
36B. LICENSE NO. F-1066	37. SIGNATURE OF LOCAL REGISTRAR Robert C. Bates	38. REGISTRATION DATE MAR 22 1993	39. STATE REGISTRAR	A.	B.
C.	D.	E.	F.	CENSUS TRACT	0709

VS-11 (REV. 7-92)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

19-45305-1450

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack
 CONNY B. McCORMACK
 Registrar-Recorder/County Clerk

0476413

SEP 04 1993
 19-245305

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 SEP 13 PM 3:43

LINDA SLATER
RECORDER

\$ 9.00 PAID [Signature] DEPUTY

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