

A.P.N. 07-235-05

AFFIDAVIT - DEATH OF JOINT TENANT

APN

ANNE L. WEIBLY, of legal age, being first duly sworn, deposes and says:

That DALE L. WEIBLY, the decedent mentioned in the attached certified copy

of Certificate of Death, is the same person as DALE L. WEIBLY

named as one of the parties in that certain GRANT DEED dated October 30, 1989

executed by JUDY DIMIT, EXECUTRIX OF THE ESTATE OF JOHN WILLIAM CHATAM

to DALE L. WEIBLY AND ANNE L. WEIBLY, husband and wife

as joint tenants, recorded as Instrument No. 213978, on November 2, 1989, in

Book 1189, Page 292, of Official Records of Douglas

County, Nevada, covering the following described property situated in the _____

_____, County of Douglas, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 51, in Block D, of FIRST ADDITION OF KINGSBURY HEIGHTS SUBDIVISION, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on August 26, 1984, as Document No. 25944.

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That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ 225,000.

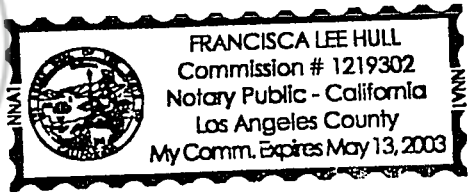
Dated 10-04-99

STATE OF ~~NEVADA~~ CALIFORNIA
COUNTY OF Los Angeles
On October 4, 1999 personally
appeared before me, a Notary Public,

} S.S. Anne L. Weibly
ANNE L. WEIBLY

ANNE L. WEIBLY
personally known or proved to me to be the person whose name is
subscribed to the above instrument who acknowledged that he
executed the instrument.

Signature [Signature]



(This area for official notarial seal)

Title Order No. _____ Escrow or Loan No. _____

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY
Western Title Company, Inc.
AND WHEN RECORDED MAIL TO

Name ANNE L. WEIBLY
Street Address 16055 CIRCLE DIAMOND ROAD
City, State Zip SYLMAR, CA 91342

0478402

BK1099PG1596

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VB-11 (REV. 7/97)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER									
1. NAME OF DECEDENT—FIRST (GIVEN) DALE			2. MIDDLE L.			3. LAST (FAMILY) WEIBLY					
4. DATE OF BIRTH MM/DD/CCYY 06/03/1948			5. AGE YRS. 50			6. SEX M		7. DATE OF DEATH MM/DD/CCYY 10/05/1998		8. HOUR 2155	
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 0688			11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 17	
14. RACE White			15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER Los Angeles Unified School Dist.					
17. OCCUPATION Teacher			18. KIND OF BUSINESS Education			19. YEARS IN OCCUPATION 23					
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 16055 Circle Diamond Road											
21. CITY Sylmar			22. COUNTY Los Angeles			23. ZIP CODE 91342		24. YRS IN COUNTY 50		25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP Anne L. Weibly - Wife						27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 16055 Circle Diamond Road, Sylmar, CA. 91342					
28. NAME OF SURVIVING SPOUSE—FIRST Anne			29. MIDDLE Louise			30. LAST (MAIDEN NAME) Sheridan					
31. NAME OF FATHER—FIRST Dale			32. MIDDLE Lawrence			33. LAST Weibly			34. BIRTH STATE IA		
35. NAME OF MOTHER—FIRST Francine			36. MIDDLE Ann			37. LAST (MAIDEN) Snyder			38. BIRTH STATE WY		
39. DATE MM/DD/CCYY 10/13/1998		40. PLACE OF FINAL DISPOSITION RES: Anne L. Weibly 16055 Circle Diamond Road, Sylmar, CA. 91342									
41. TYPE OF DISPOSITION(S) CR/Res			42. SIGNATURE OF EMBALMER Not Embalmed						43. LICENSE NO. -		
44. NAME OF FUNERAL DIRECTOR Crawford Mortuary			45. LICENSE NO. FD1228		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark G...</i>			47. DATE MM/DD/CCYY 10/13/1998			
101. PLACE OF DEATH Kaiser Hospital			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. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER			104. COUNTY Los Angeles		
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 13652 Cantara St.						106. CITY Panorama City					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)											
IMMEDIATE CAUSE (A) CARDIO RESPIRATORY ARREST						TIME INTERVAL BETWEEN ONSET AND DEATH 1 HR		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) PROBABLE MYOCARDIAL INFARCT						8 HR		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)								110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)								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 NOME											
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO											
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED SINCE DECEASED LAST SEEN ALIVE MM/DD/CCYY 12/22/1970 10/05/1998			115. SIGNATURE AND TITLE OF CERTIFIER <i>Stanley Shapiro, MD</i>			116. LICENSE NO. G49050		117. DATE MM/DD/CCYY 10/09/1998			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Stanley Shapiro MD, 13652 Cantara St. Panorama City, CA 91402											
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 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. # 197/15163		CENSUS TRACT	

0478402
BK1099PG1597



This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.
Mark G...
OCT 16 1998
DATE ISSUED

Director of Health Service and Registrar

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

620016215



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REQUESTED BY
WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 OCT -8 PM 4: 17

LINDA SLATER
RECORDER

\$ ⁹⁰⁰ PAID *Ko* DEPUTY

0478402

BK 1099PG 1598