

Assessor Parcel No. 13-140-020

Assessor Parcel No. 13-140-010

When recorded return to:

CHRIS MACKENZIE, ESQ.

ALLISON, MacKENZIE, HARTMAN,

SOUMBENIOTIS & RUSSELL, LTD.

402 North Division Street

Carson City, NV 89702

Affiant's Address:

Evelyn L. Easterling

1222 West Sharon Road

Santa Ana, CA 92706-1427

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA)

: ss.

COUNTY OF ORANGE)

I, EVELYN L. EASTERLING, of legal age, being first duly sworn, deposes and says:

1. That A.D. EASTERLING, was a joint tenant in that certain Grant Deed executed by A.D. EASTERLING, to A.D. EASTERLING and EVELYN L. EASTERLING, husband and wife as joint tenants, dated June 1, 1995 and recorded in the Official Records of Douglas County, Nevada, on April 4, 2000, in Book 264, Page 269, as File No. 18404, covering that certain real property situate in the county of Douglas, state of Nevada, and more particularly described as follows:

LOTS 1 THROUGH 83, INCLUSIVE, AND PARCEL "A" RECORDED AS DOCUMENT NO. 67282, BOOK 773, PAGES 13 THROUGH 16 IN OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA ON JULY 12, 1973, ALL AS SHOWN ON THE MAP OF RIDGEVIEW ESTATES FILE IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON DECEMBER 27, 1972 AS DOCUMENT NO. 63503, BOOK 1272, PAGE 690.

EXCEPTIONS: LOTS 1 THROUGH 83 AS SHOWN ON THE MAP OF RIDGEVIEW ESTATES RECORDED AS DOCUMENT NO 63503, BOOK 1272, PAGE 690, ON DECEMBER 27, 1972, OFFICIAL RECORDS OF DOUGLAS COUNTY, NV.

2. That A.D. EASTERLING, one of the grantees in said Deed, died on the 16th day of February, 1996, in the County of Riverside, State of California, and is the identical person named in the certified copy of Certificate of Death attached hereto and is incorporated herein by this reference.

0493509

BK0600PG1174

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/83)

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)	
		Archie		DeWitt		Easterling	
DECEDENT PERSONAL DATA	4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
	10/14/1921	74			M	02/16/1996	2232
	9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE		12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED	
	MS	9280	19 ___ TO 19___ <input type="checkbox"/> NONE		Married	12	
USUAL RESIDENCE	14. RACE	15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		17. OCCUPATION	
	White	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Hartwell Corp.		Financial Manager	
	18. KIND OF BUSINESS		19. YEARS IN OCCUPATION		Aerospace		11
20. RESIDENCE—STREET AND NUMBER OR LOCATION							
1301 Kellogg Ave.							
INFORMANT	21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY		
	Corona	Riverside	91719	24	CA		
26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)					
Evelyn L. Easterling - Wife		1301 Kellogg Ave., Corona, CA 91719					
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)		34. BIRTH STATE		
	Evelyn	Loucille	Grubbs		MS		
	31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST		38. BIRTH STATE		
Robert		Easterling		MS			
35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)		38. BIRTH STATE			
Sally		Warren		MS			
DISPOSITION(S)	39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION					
	02/21/1996	Crestlawn Memorial Park, 11500 Arlington Ave, Riverside, CA					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.		
	Burial		<i>Chris Miller</i>		8165		
	44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR		47. DATE MM/DD/CCYY		
Thomas Miller Mortuary	FD 66	<i>Herbert A. Greif, M.D.</i>		02/21/1996			
PLACE OF DEATH	101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:		104. COUNTY	
	Corona Regional Med Ctr	<input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		Riverside	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION				106. CITY			
800 S. Main St.				Corona			
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER
	IMMEDIATE CAUSE	(A)	Cardiopulmonary Arrest			Imm	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 96R0924
	DUE TO	(B)	Congestive Heart Failure			1 yr	<input type="checkbox"/> YES <input type="checkbox"/> NO
	DUE TO	(C)	Coronary Heart Disease			5 yrs	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO	(D)					<input type="checkbox"/> YES <input type="checkbox"/> NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
Adenocarcinoma of Throat							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
No							
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.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.	117. DATE MM/DD/CCYY	
	DECEDENT ATTENDED SINCE MM/DD/CCYY		DECEDENT LAST SEEN ALIVE MM/DD/CCYY		<i>Walter Silva, MD</i>	A-41479	02/20/1996
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP		120. INJURY AT WORK		121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY	
Walter Silva, MD, 760 Washburn Ave, Corona, CA 91720		<input type="checkbox"/> YES <input type="checkbox"/> NO					
CORONER'S USE ONLY	119. MANNER OF DEATH			124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
	<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						
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			

61287

STATE REGISTRAR	STATE OF CALIFORNIA	CERTIFIED COPY OF VITAL RECORDS	TAX AUTH. #	CENSUS TRACT
	COUNTY OF RIVERSIDE	DATE ISSUED	347292	41802

This is a true and exact reproduction of the document officially registered on 02/16/1996 placed on file in the office of County of Riverside, Department of Health.

BK 0600 PG 1176 0493509

Herbert A. Greif, M.D.
Director, Health Services
Local Registrar
RIVERSIDE COUNTY, CALIFORNIA

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

COPY

REQUESTED BY
Allison MacKenzie et al
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JUN -6 PM 1:52

LINDA SLATER
RECORDER

\$10⁰⁰ PAID Bh DEPUTY

0493509

BK0600PG1177