

AFFIDAVIT - DEATH OF JOINT TENANT

APN 1420-34-710-062

ANGELA LOPEZ, of legal age, being first duly sworn, deposes and says:

That ALBERTO ANTONIO LOPEZ, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ALBERTO A. LOPEZ

named as one of the parties in that certain JOINT TENANCY DEED dated JULY 24, 1978

executed by JOSEPH H. SEIDL AND ROSEMARY L. SEIDL, HUSBAND AND WIFE

to ALBERTO A. LOPEZ AND ANGELA LOPEZ, HUSBAND AND WIFE

as joint tenants, recorded as Instrument No. 24110, on AUGUST 15, 1978, in

Book 878, Page 1227, of Official Records of DOUGLAS

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

UNINCORPORATED, County of Douglas, State of Nevada:

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

Lot 98 of SIERRA VIEW SUBDIVISION, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 18, 1960, in Book 02, Page 105, as Document No. 15897.

A.P.N. 1420-34-710-062

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 \$ 75,000.00.

Dated 8-8-2000

STATE OF ~~NEVADA~~ CALIFORNIA
COUNTY OF VENTURA

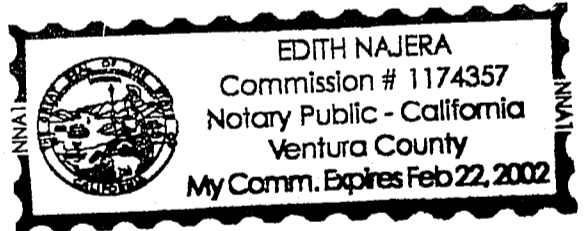
} S.S. Angela Lopez
ANGELA LOPEZ

This instrument was acknowledged before me on

AUGUST 07 2000

by EDITH NAJERA

Edith Najera
Notary Public



(This area for official notarial seal)

Title Order No. 00083453 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 **ANGELA LOPEZ**
Street Address **1197 Los Angeles Ave**
City, State Zip **Simi Valley, California**

0497546

033298.EDC8/7/00

BK0800PG2166

CERTIFICATION OF VITAL RECORD

COUNTY OF VENTURA
VENTURA, CALIFORNIA

CERTIFICATE OF DEATH **3199656000104**

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/93)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) ALBERTO			2. MIDDLE ANTONIO		3. LAST (FAMILY) LOPEZ		
4. DATE OF BIRTH MM/DD/CCYY 03/17/1922		5. AGE YRS. 73	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	6. SEX M	7. DATE OF DEATH MM/DD/CCYY 01/04/1996	8. HOUR 1241
9. STATE OF BIRTH ARGENTINA		10. SOCIAL SECURITY NO. [REDACTED] 9480		11. MILITARY SERVICE 19 TO 19 NONE		12. MARITAL STATUS MARRIED	13. EDUCATION—YEARS COMPLETED 12
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF EMPLOYED			
17. OCCUPATION LANDSCAPER		18. KIND OF BUSINESS LANDSCAPING			19. YEARS IN OCCUPATION 25		
20. RESIDENCE—STREET AND NUMBER OR LOCATION 2118 SEBRING ST.							
21. CITY SIMI VALLEY		22. COUNTY VENTURA		23. ZIP CODE 93065		24. YRS IN COUNTY 28	25. STATE OR FOREIGN COUNTRY CA
26. NAME, RELATIONSHIP ANGELA LOPEZ - WIFE				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2118 SEBRING ST. SIMI VALLEY, CA 93065			
28. NAME OF SURVIVING SPOUSE—FIRST ANGELA		29. MIDDLE SANCHEZ		30. LAST (MAIDEN NAME) SANCHEZ			
31. NAME OF FATHER—FIRST MANUEL		32. MIDDLE LOPEZ		33. LAST LOPEZ		34. BIRTH STATE SPAIN	
35. NAME OF MOTHER—FIRST MANUELA		36. MIDDLE PEREZ		37. LAST (MAIDEN) PEREZ		38. BIRTH STATE SPAIN	
39. DATE MM/DD/CCYY 01/09/1996		40. PLACE OF FINAL DISPOSITION SIMI VALLEY CEMETERY 1461 THOMPSON LANE SIMI VALLEY, CA					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER <i>[Signature]</i>			43. LICENSE NO. 7798		
44. NAME OF FUNERAL DIRECTOR REARDON SIMI VALLEY MORTUARY		45. LICENSE NO. 1091	46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>			47. DATE MM/DD/CCYY 01/09/1996	
101. PLACE OF DEATH SIMI VALLEY 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. <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY VENTURA	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2975 SYCAMORE DR.		106. CITY SIMI VALLEY					
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 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 037-96		
IMMEDIATE CAUSE (A) CARDIAC ARREST				1 HR.			
DUE TO (B) ACUTE MYOCARDIAL INFARCTION				2 HRS.	109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (C) CORONARY ARTERY DISEASE				5 YRS.	110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (D) ATHEROSCLEROTIC HEART DISEASE				5 YRS.	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 NONE							
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. DECEDENT ATTENDED SINCE MM/DD/CCYY 12/01/1994		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. A 52221		117. DATE MM/DD/CCYY 01/08/1996	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS * ZIP VINOD GUPTA, M.D. 2876 N. SYCAMORE DR. #210 SIMI VALLEY, CA 93065							
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 checked="" 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 AND ZIP CODE)							
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
188401		G	H	FAX AUTH. # 45860		CENSUS TRACT 8m	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF VENTURA } SS

DATE ISSUED **01/16/1996**

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department, if it bears the date of issue in red ink.

[Signature]
HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REQUESTED BY
WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 AUG 11 PM 4:11

LINDA SLATER
RECORDER

0497546

BK0800PG2167

\$8.00 PAID *[Signature]* DEPUTY