



**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of Los Angeles } ss.

On Nov 16, 2000, before me, Melissa Stevenson, Notary Public

personally appeared Leta Martin

- personally known to me
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) (is) are subscribed to the within instrument and acknowledged to me that he (she) they executed the same in his (her) their authorized capacity(ies), and that by his (her) their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Melissa Stevenson  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: Affidavit-Death of Joint Tenant.

Document Date: \_\_\_\_\_ Number of Pages: 1

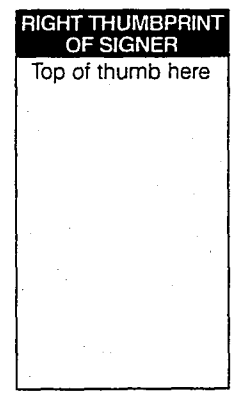
Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer**

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_



0503792

BK 1100PG4492

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES**  
**DEPARTMENT OF HEALTH SERVICES**

**CERTIFICATE OF DEATH**

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS						LOCAL REGISTRATION NUMBER		
1. NAME OF DECEDENT—FIRST (GIVEN) <b>Barbara</b>			2. MIDDLE <b>Jean</b>			3. LAST (FAMILY) <b>Martin</b>				
4. DATE OF BIRTH M/M/DD/C.C.Y.Y. <b>09/11/1944</b>		5. AGE YRS. <b>55</b>		IF UNDER 1 YEAR MONTHS    DAYS		IF UNDER 24 HOURS HOURS    MINUTES		6. SEX <b>F</b>		
7. DATE OF DEATH M/M/DD/C.C.Y.Y. <b>09/03/2000</b>		8. HOUR <b>1255</b>		9. STATE OF BIRTH <b>Oregon</b>		10. SOCIAL SECURITY NO. <b>5863</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		
12. MARITAL STATUS <b>Widowed</b>		13. EDUCATION—YEARS COMPLETED <b>10</b>		14. RACE <b>White</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>Self</b>		
17. OCCUPATION <b>Homemaker</b>			18. KIND OF BUSINESS <b>Own Home</b>			19. YEARS IN OCCUPATION <b>30</b>				
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>38544 33rd Street East</b>										
21. CITY <b>Palmdale</b>			22. COUNTY <b>Los Angeles</b>			23. ZIP CODE <b>93550</b>		24. YRS IN COUNTY <b>50</b>		
25. STATE OR FOREIGN COUNTRY <b>California</b>			26. NAME, RELATIONSHIP <b>Jeffery Morris, Son</b>						27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>2311 Old Harold Road Apt 229J Palmdale, CA 93550</b>	
28. NAME OF SURVIVING SPOUSE—FIRST <b>-</b>			29. MIDDLE <b>-</b>			30. LAST (MAIDEN NAME) <b>-</b>				
31. NAME OF FATHER—FIRST <b>Charles</b>			32. MIDDLE <b>-</b>			33. LAST <b>Hughes</b>		34. BIRTH STATE <b>OR</b>		
35. NAME OF MOTHER—FIRST <b>Lola</b>			36. MIDDLE <b>Ilean</b>			37. LAST (MAIDEN) <b>Hughes</b>		38. BIRTH STATE <b>OR</b>		
39. DATE M/M/D/D/C.C.Y.Y. <b>09/08/2000</b>		40. PLACE OF FINAL DISPOSITION <b>RES: Jeffery Morris 2311 Old Harold Road Apt 229J Palmdale, CA 93550</b>								
41. TYPE OF DISPOSITION(S) <b>Cremation/Residence</b>			42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>			43. LICENSE NO. <b>-</b>				
44. NAME OF FUNERAL DIRECTOR <b>Antelope Valley Cremation Serv</b>			45. LICENSE NO. <b>FD1383</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark G...</i>		47. DATE M/M/D/D/C.C.Y.Y. <b>09/08/2000</b>			
101. PLACE OF DEATH <b>Antelope Valley Hospital</b>			102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA			103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV HOSP <input type="checkbox"/> RES CARE <input type="checkbox"/> OTHER		104. COUNTY <b>Los Angeles</b>		
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>1600 West Avenue J</b>			106. CITY <b>Lancaster</b>			107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)				
IMMEDIATE CAUSE (A) <b>Cardiorespiratory Arrest</b>			TIME INTERVAL BETWEEN ONSET AND DEATH <b>mins</b>			108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DUE TO (B) <b>Metastatic to Brain</b>			109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DUE TO (C) <b>Right Lung Cancer</b>			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 <b>None</b>				
DUE TO (D)			113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>No</b>							
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 M/M/DD/C.C.Y.Y. <b>08/26/2000</b> DECEDENT LAST SEEN ALIVE M/M/DD/C.C.Y.Y. <b>08/26/2000</b>			115. SIGNATURE AND TITLE OF CERTIFIER <i>Richard C. Odell MD</i>			116. LICENSE NO. <b>C27644</b>		117. DATE M/M/D/D/C.C.Y.Y. <b>09/07/2000</b>		
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>Richard Odell, MD 1206 West Avenue J Lancaster, CA 93534</b>			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 M/M/D/D/C.C.Y.Y.		
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 <i>Mark G...</i>			127. DATE M/M/D/D/C.C.Y.Y.			128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER				
STATE REGISTRAR		A	B	C	D	E	F	G		
FAX AUTH. # <b>4266721</b>							CENSUS TRACT			

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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.

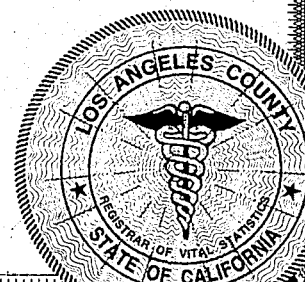
*Mark G...*  
Director of Health Services and Registrar

DATE ISSUED **SEP 11 2000**

**0503792**

This copy not valid unless prepared on engraved border displaying BK 110096493

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

REQUESTED BY  
**STEWART TITLE of DOUGLAS COUNTY**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 NOV 22 PM 1:44

LINDA SLATER  
RECORDER

\$10<sup>00</sup> PAID BC DEPUTY

0503792

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