11915

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AFFIDAVIT
(LACK OF PROBATE)

STATE OF: California
COUNTY OF: San Bernardino } ss.

Carol J. Moran
(full name)
being first duly sworn, deposed and says:

THAT affiant is the lawful surviving spouse of
William T. Moran (full name) who died September 15, 19 82
at Los Angeles (city), California (state)
then being a resident of Los Angeles (city), Los Angeles (county), California (state)

THAT affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to his (her) children, adopted children and the issue of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

THAT the heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

Carol J. Moran (full name) 51 (age) Wife (relationship to decedent)
Carol J. Moran 4673 Cerina Rd. Newberry Springs Ca 92365 (full address)

Sharon Renee Evans (full name) 29 (age) daughter (relationship to decedent)
38035 11th St. East Apt. 207, Palmdale, CA 93550 (full address)

Charlene Yvonne Griffin daughter
38729 11th St. East Apt. 11, Palmdale, CA 93550

THAT affiant knows of his (her) own knowledge and so states, that each and all of the obligations against the marital community and against the estate of said decedent (including but not limited to; all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial, ; promissory notes, installment contracts and mortgages; and state and federal succession taxes up on decedent's estate, if applicable) have been paid in full, except as follows (use reverse if necessary):

THAT decedent left no will, nor during his (her) lifetime did decedent execute, with affiant, a community property survivorship agreement. Affiant states that the total community property of decedent and affiant approximates $ All Debts Paid in current market value, and that the total of decedent's separate property approximates $ All Debts Paid.

THAT this affidavit is made solely to induce Aspen Title & Escrow, Inc. hereinafter called "Company" to insure title to real property covered by the Company's order number set forth above, in which decedent held an interest at the time of his (her) death. Affiant urges Company to issue its policy of title insurance in full reliance upon the herein representations.

DATED 24 Jan, 1990

X Carol June Moran
(affiant's full name)

46173 Cavina Rd
(full address)

Newberry Springs Ca 92365
(telephone number)

Subscribed and sworn to before me, Kathy Jones, (name),

a Notary Public in and for the STATE OF California,

residing at 304 E. Main #D Barstow Ca 92311 this 24

day of January, 1990
(date)

Kathy Jones

OFFICIAL SEAL
KATHY JONES
NOTARY PUBLIC - CALIFORNIA
SAN BERNARDINO COUNTY
My comm. expires SEP 28, 1993

LAST WILL AND TESTAMENT

OF

WILLIAM T. MORAN

I, WILLIAM T. MORAN, a resident of Los Angeles County, California, declare this is my Will. I revoke all Wills and Codicils that I have previously made.

ARTICLE ONE

I declare that I am married and that my wife's name is CAROL J. MORAN. We have two children, SHARON MORAN, an adult, and CHARLENE MORAN, a minor.

ARTICLE TWO

In the event my wife, CAROL, survives me, I confirm to her my interest in our community property and give, devise and bequeath to her any separate property of which I die the owner. In the event my wife, CAROL, fails to survive me, I give, devise and bequeath my entire estate to SHARON and CHARLENE, in equal shares, or the survivor of them. If either of them fails to survive me leaving issue surviving me, such issue shall receive the share to which their ancestor would otherwise have been entitled by right of representation.

ARTICLE THREE

It is my specific intention to exclude any person not named in the Will who, if I died intestate, would be entitled to share in my estate. If any devisee, legatee or beneficiary under this Will, or any person claiming under or through any devisee, legatee or beneficiary, or any other person who would be entitled to share in my estate through intestate succession.

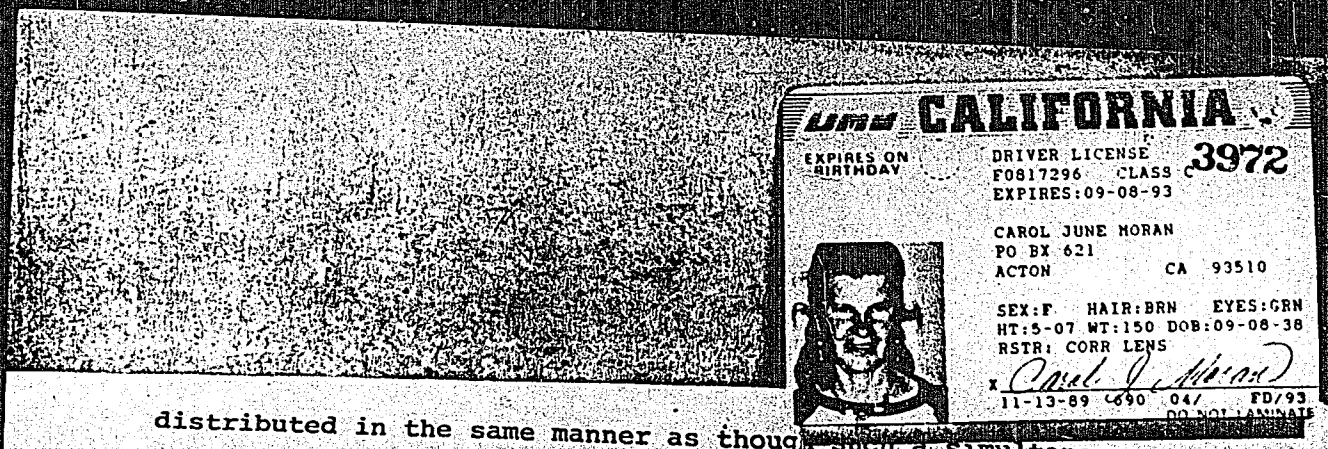
shall in any manner whatsoever, directly or indirectly, contest this Will, or attack, oppose or in any manner whatsoever conspire or cooperate with any person or persons attempting to do any of the acts or things aforesaid, then in each of the above mentioned cases I hereby bequeath to such person or persons the sum of One Dollar ($1.00) only and all other bequests, devises and interests in this Will given to such person or persons shall be forfeited and shall be distributed pro rata among such of my residuary devisees, legatees and beneficiaries as shall not in any manner have participated in such acts or proceedings. My executor herein named specifically is authorized to defend at the expense of my estate any contest or attack of any nature upon this Will or upon the provisions thereof.

ARTICLE FOUR

Except as I have otherwise expressly provided in connection with any taxable transfer which I may have made in my lifetime, I direct that all estate and inheritance taxes occasioned or payable by reason of my death, whether attributable to properties subject to probate administration or to outside transfers, shall be paid out of the residue of my estate disposed of by this Will as an expense of administration and without apportionment, deduction or rembursement therefor, and without adjustment among the residuary beneficiaries.

ARTICLE FIVE

In the event that my wife and I die as a result of a mutual accident or common disaster in which it cannot be determined which of us died first, I direct that the court determine that we died simultaneously and that my estate be



distributed in the same manner as though such a simultaneous death had in fact occurred.

ARTICLE SIX

I appoint my wife, CAROL J. MORAN, without bond, as executor of this my Last Will and Testament. In the event that CAROL is unwilling or unable for any reason whatsoever to act at any time as such executor, I appoint FRANCES BRICK, without bond, as executor.

I subscribe my name to this Will this 9 day of August, 1978, at Norwalk, California.

William T. Moran
WILLIAM T. MORAN

The foregoing instrument, consisting of three (3) pages, including the one on which this declaration is signed, was signed today by WILLIAM T. MORAN in our joint presence and at the same time he declared it to be his Will. At his request we sign as witnesses in his presence and in the presence of each other.

We declare under penalty of perjury that the foregoing is true and correct.

Executed on August 9, 1978, at Norwalk, California.

Mrs. Diana Aguilar residing at 14637 Studebaker Rd Norwalk, Ca 90650

Mrs Dorlean Hyndman residing at 14637 1/2 Studebaker Norwalk, Ca. 90650

MARVIN A. BURNETT
ATTORNEY AT LAW
LOS ANGELES, CALIFORNIA

3973

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: WILLIAM
1B. MIDDLE: Thomas
1C. LAST: MORAN
2A. DATE OF DEATH (MONTH, DAY, YEAR): SEPTEMBER 15, 1982
2B. HOUR: 0115
3. SEX: Male
4. RACE: White
5. ETHNICITY: American
6. DATE OF BIRTH: May 28, 1935
7. AGE: 47 YEARS (IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: HOURS, MINUTES)
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Iowa
9. NAME AND BIRTHPLACE OF FATHER: James F. Moran -- Pennsylvania
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Berniece Strickland - Iowa
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 555-46-2907
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Carol J. Smith
15. PRIMARY OCCUPATION: Technician
16. NUMBER OF YEARS THIS OCCUPATION: 16
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): So. California Gas
18. KIND OF INDUSTRY OR BUSINESS: Public Utilities

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 14627 Studebaker Rd.
19B.
19C. CITY OR TOWN: Norwalk
19D. COUNTY: Los Angeles
19E. STATE: California
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Carol J. Moran - Wife
14627 Studebaker Rd.
Norwalk, California

PLACE OF DEATH

21A. PLACE OF DEATH: KAISER HOSPICE
21B. COUNTY: LOS ANGELES
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 12500 S. HOXIE AVENUE
21D. CITY OR TOWN: NORWALK

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A): Cardio-Respiratory Arrest — min.
DUE TO, OR AS A CONSEQUENCE OF (B): Carcinoma of Esophagus — 6mo
DUE TO, OR AS A CONSEQUENCE OF (C):
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. WAS DEATH REPORTED TO CORONER? No
25. WAS BIOPSY PERFORMED? Yes 3/4/80
26. WAS AUTOPSY PERFORMED? No
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Esophagogastrectomy DATE: 3/4/80

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 8/31/82
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 9/14/82
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: George A. Espe Jr. M.D.
28C. DATE SIGNED: 9/15/82
28D. PHYSICIAN'S LICENSE NUMBER: C14657
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: DR. GEORGE ESPE JR. M.D. 12500 S. HOXIE AV. NORWALK, CALIF.

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.
30. PLACE OF INJURY
31. INJURY AT WORK
32A. DATE OF INJURY—MONTH, DAY, YEAR
32B. HOUR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)
35B. CORONER—SIGNATURE AND DEGREE OR TITLE
35C. DATE SIGNED

36. DISPOSITION: Burial
37. DATE—MONTH, DAY, YEAR: Sep. 17, 1982
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Rose Hills Memorial Park 3900 S. Workman Mill Rd-Whittier,CA
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 5147 Curtis Dukes
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Rose Hills Mortuary-Whittier,CA#970
41. LOCAL REGISTRAR—SIGNATURE: [signature]
42. DATE ACCEPTED BY LOCAL REGISTRAR: SEP 17 1982

STATE REGISTRAR

A. | B. | C. | D. | E. | F.

01-8-1-0428

VS-11 (10-78)

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

SEP 17 1982

F.E.E. $3.00

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Director of Health Services and Registrar

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Aspen Title Co.

on this 1st day of Feb. A.D. 19 90
at 4:24 o'clock P.M. and duly recorded
in Vol. M90 of Deeds Page 3968
Evelyn Biehn County Clerk
By Pauline Mullendore Deputy.

Fee, $53.00

Return: A.T.C.