# RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Scott Harvey, Trustee
Samuel S. Harvey Revocable Trust UDT 10/28/91
5812 Colwell Road
Penryn, CA 95663

APN 05-090-09

### AFFIDAVIT OF DEATH

STATE OF CALIFORNIA		
	}	SS
COUNTY OF San Diego	}	

I, SCOTT HARVEY, of legal age, being first duly sworn and deposed say:

- 1. On October 28, 1991, SAMUEL S. HARVEY (also known as SAMUEL SCOTT HARVEY), as trustor and trustee adopted the SAMUEL S. HARVEY REVOCABLE TRUST under a Trust Agreement of that date.
- 2. On November 20, 1991, SAMUEL SCOTT HARVEY executed a Quitclaim Deed recorded on December 9, 1991, as Document No. 266665, in Book 1291 at Pages 1152 and 1153 of the Official Records of Douglas County, Nevada, conveying to, SAMUEL S. HARVEY, trustee, or successor trustee, of the SAMUEL S. HARVEY REVOCABLE TRUST, dated October 28, 1991, an undivided one-third interest in that certain real property in Douglas County, Nevada, commonly known as 682 Lakeview, Zephyr Cove, Nevada 89448, Assessor's Parcel No. 05-090-09, and legally described as follows:

Lot 13 in Block F, as shown on that certain map entitled "Amended Map of Zephyr Cove Property", in Section 10, T. 13 N., R. 18 E. filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 5, 1929. TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

3. SAMUEL S. HARVEY is the decedent mentioned in the attached certified copy of Certificate of Death and was the same person as SAMUEL S. HARVEY, the trustee of the SAMUEL S. HARVEY REVOCABLE TRUST, dated October 28, 1991. The Trust Agreement for said trust provides that at such time as SAMUEL S. HARVEY ceases to act as trustee, SCOTT HARVEY shall act as successor trustee of said trust. SCOTT HARVEY is now the qualified and acting successor trustee of said trust.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Dated this 7th day of \_\_\_\_\_\_, 2000.

**SCOTT HARVEY** 

0484155

STATE OF CALIFORNIA }
COUNTY OF Diego }
On January 7, 2000, before me, the undersigned Notary Public in and for said County and State, personally appeared SCOTT HARVEY
personally known to me; or
proved to me on the basis of satisfactory evidence to be
the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.
WITNESS my hand and official seal.
DOLORES A. CARDENAS Commission # 1174813 Notary Public — California San Diego County My Comm. Expires Feb 27, 2002

## **COUNTY OF LOS ANGELES**

### **DEPARTMENT OF HEALTH SERVICES**

CERTIFICATE OF DEATH

	TE FILE MIMPES		USE BLACK IN		TATE OF CALI	WHITEOUTS C	R ALTERA	TIONS	LOCAL	EGISTRATION N	UMBER	
STA	TE FILE NUMBER	RST (GIVEN)		2. MIDDL	VS-11 (REV.	7/97)	i singgaran in Ngjaran III	3. LAST (F		EGISTRATION N	YMPERADAL AND	
	1. NAME OF DECEDENT—FIRST (GIVEN) Samuel			Contt					Harvey			
	4. DATE OF BIRTH M M 11/17/1922	/DD/CCYY	5. AGE YRS.	IF UNDER	I YEAR IF U	NDER 24 HOURS	6. sex	7. 🏻		мм/вв/ссуу )8	в. ноия 0726	
DECEDENT PERSONAL DATA	9. STATE OF BIRTH	10. SOCIAL S	-6640		MILITARY 9		UNK 1	2. MARITA	WED	13. EDUCATION—	YEARS COMPLETED	
	14. RACE 15. HISPANIC—SPECIFY 16. USUAL EMPLOYER WHITE X NO GLENDALE UNIFIED SCHOOL DISTRICT											
	PRINCIPAL			100	JCATION					19. YEARS IN OCC. 40	CUPATION	
USUAL RESIDENCE	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3414 FAIRESTA STREET											
	LA CRESCENTA		22. coi LO	UNTY S ANGI			214		57	NTY 25, STATE OR	A	
INFORMANT	BRIAN SCOIL HARVEL, SON 4627 LOWITAS DRIVE SAN DIEGO CA 92116											
	28. NAME OF SURVIVING	SPOUSE—FIRS	т   29	), MIDDLE			30. LAS	T (MAIDE	N NAME)			
SPOUSE AND PARENT	31. NAME OF FATHER—F	TRST	3	. MIDDLE	LESLIE		33. LAS	T	HARVE	¥	34. BIRTH STATE IRELAND	
INFORMATION	35. NAME OF MOTHER—I	FIRST	(3e	. MIDDLE	ELLEN	di Tina	37. LAS	T (MAIDE	SOBER		38. BIRTH STATE WISCONSIN	
DISPOSITION(S)	09/03/1998	969 Ho	E OF FINAL DIS	A 18	RIAL PAI	RK LOS A	NGELE	S CA	90068			
FUNERAL DIRECTOR AND LOCAL	BURIAL  44. NAME OF FUNERAL D				GNATURE OF	EMBALMER MYMY SIGNATURE	1 1 1 1 1 1 1 1		AR A		8342 MM/DD/CCYY	
REGISTRAR	FOREST LAWN	HOLLYWOO			5.5 . 1.5	likes	5 5	mi	~		02/1998/llu	
PLACE OF DEATH	101. PLACE OF DEATH  RESIDENCE  IP ER/OP DOA CONV. RES. OTHER THAN HOSPITAL 104. COUNTY  LOS ANGELES  105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)  3414 FAIRESTA STREET  LA CRESCENTA											
	107. DEATH WAS CAUSE  IMMEDIATE CAUSE (A)	ARDIAC A		BE PER LIN	NE FOR A, B,	C, AND D)	Pour I	Aleksaldal Makadalal czernekan	TIME INTERVAL BETWEEN ONSE AND DEATH	X YES	DRITED TO CORONER NO L NUMBER	
	DUE TO (B) I	SCHEMIC	CARDIOMY	OPATHY	<b>Y</b> .				23. YRS	109. BIOPSY PE		
CAUSE OF DEATH	DUE TO (C) M	YOCARDIA	L INFARC	TION					23 YRS	110. AUTOPSY		
DEATH		THEROSCL	and the second	<b>经验证证明</b>	MIN May well by	1 200 P. 250 C. T. T.	A Commence of the		23 YRS	111. USED IN DE	X NO	
	112. OTHER SIGNIFICANT	\				Burgi delet egek S	armanikan Tanggar					
	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 IF YES, LIST TYPE OF OPERATION AND DATE.  CORONARY ARTERY BYPASS SURGERY =-//1988											
PHYSI- CIAN'S CERTIFICA- TION	114. I CERTIFY THAT TO TEDGE DEATH OCCUMENT AND PLACE STATED FOR DECEDENT ATTENDED SINCE MM / DD/CCYY 10/20/1993	RED AT THE HOU FROM THE CAUSE	R, DATE ES STATED. SEEN ALIVE C C Y Y 998 J	B. TYPE A. OHN EA	TENDING PHASTHOPE	VSICIAN'S NAI	ME, MAILIP	G ADDRE	OUNT AVE	08/3 #215.PASAI	MM/DD/CCYY 1/1998 91105 DENA.CA	
CORONER'S	I CERTIFY THAT IN A OCCURRED AT THE I STATED FROM THE C 119. MANNER OF DEATH NATURAL SUICI	DE H	D PLACE  12  OMICIDE  DULD NOT BE	YES	NO NO	. INJURY DATE	M M / D D	CCYY	122. HOUR 123	3. PLACE OF INJUR	<b>Y</b>	
USE ONLY 4/0	125. LOCATION (STREET	TIGATION DE AND NUMBER	TERMINED OR LOCATION A									
1	126. SIGNATURE OF COR	ONER OR DEPL	/		127. DATE M					PRONER OR DEPUT		
STATE REGISTRAR	8	° /	D	E	F	G	н		литн. # 73/2476	C	ENSUS TRACT	
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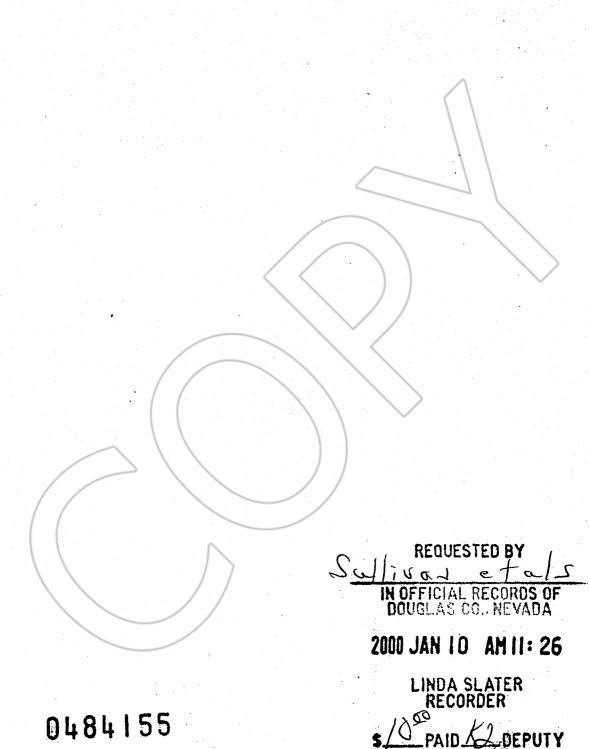
This is a true certified copy of the record med in the Common Department of Health Services if it bears the Registrar's signature in purple ink. 1998 This is a true certified copy of the record filed in the County of Los Angeles

DATE ISSUED

Director of Health Service and Registrar

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

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