

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name LARSEN & RISLEY, ATTORNEYS AT LAW
Street Address 3200 PARK CENTER DRIVE, SUITE 720
City & State COSTA MESA, CA 92626

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

APN: 1420-34-501-005

The undersigned, of legal age, being first duly sworn, deposes and says:

- 1. Homer H. Brannon, as Trustor, has heretofore entered into a Declaration of Trust dated September 24, 1975...
2. Pursuant to the terms of the Declaration of Trust, Homer H. Brannon and Marjorie M. Brannon were as named as the original Trustees.
3. The Declaration of Trust provides that, upon the death of Marjorie M. Brannon, Homer H. Brannon shall act as successor Trustee...
4. Marjorie M. Brannon passed away on December 16, 2001...
5. Marjorie Maxine Brannon, identified as the decedent in the attached certified copy of Certificate of Death...
6. Homer H. Brannon is filing this Affidavit with the Douglas County Recorder to establish his succession...
7. Titleholder of the foregoing real property, until the death of Marjorie M. Brannon, was "Homer H. Brannon and Marjorie M. Brannon, Trustees of The Homer H. Brannon and Marjorie M. Brannon Declaration of Trust, dated September 24, 1975."

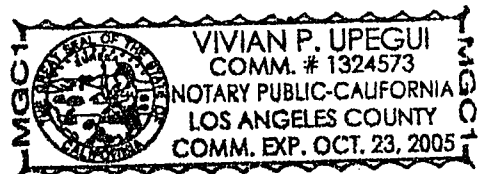
Lot 1-A in Book 1199, Page 3357 as Document No. 481071, Official Records of Douglas County, Nevada.

Dated: October 25, 2002

[Signature of Homer H. Brannon]
HOMER H. BRANNON

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES } SS.

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for Said County and State this 25 day of October, 2002.



WITNESS my hand and official seal.
[Signature of Notary Public]
Notary Public, State of California

MAIL TAX STATEMENTS TO:

HOMER H. BRANNON 2905 WINDMILL ROAD TORRANCE, CA 90505

0556264

BK 1002 PG 13683

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) MARJORIE 2. MIDDLE MAXINE 3. LAST (FAMILY) BRANNON

4. DATE OF BIRTH M M / D D / C C Y Y 12/25/1910 5. AGE YRS. 90 6. SEX FE 7. DATE OF DEATH M M / D D / C C Y Y 12/16/2001 8. HOUR 0010

9. STATE OF BIRTH MN 10. SOCIAL SECURITY NO. -6994 11. MILITARY SERVICE YES NO UNK 12. MARITAL STATUS MARRIED 13. EDUCATION—YEARS COMPLETED 12

14. RACE WHITE 15. HISPANIC—SPECIFY YES NO 16. USUAL EMPLOYER SELF EMPLOYED

17. OCCUPATION HOMEMAKER 18. KIND OF BUSINESS OWN HOME 19. YEARS IN OCCUPATION 65

20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 2905 WINDMILL RD.

21. CITY TORRANCE 22. COUNTY LOS ANGELES 23. ZIP CODE 90505 24. YRS IN COUNTY 62 25. STATE OR FOREIGN COUNTRY CA

26. NAME, RELATIONSHIP HOMER H. BRANNON—HUSBAND 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 2905 WINDMILL RD. TORRANCE, CA 90505

28. NAME OF SURVIVING SPOUSE—FIRST HOMER 29. MIDDLE HAROLD 30. LAST (MAIDEN NAME) BRANNON

31. NAME OF FATHER—FIRST ORVIL 32. MIDDLE LEW ELEN 33. LAST VAN SCHOYK 34. BIRTH STATE IL

35. NAME OF MOTHER—FIRST GOLDIE 36. MIDDLE MAY 37. LAST (MAIDEN) HOUDYSHELL 38. BIRTH STATE IL

39. DATE M M / D D / C C Y Y 12/22/2001 40. PLACE OF FINAL DISPOSITION GREEN HILLS MEM'L PARK 27501 S. WESTERN RANCHO PALOS VERDES, CA 90275

41. TYPE OF DISPOSITION(S) BURIAL 42. SIGNATURE OF EMBALMER *Troy C. Mayers* 43. LICENSE NO. 6446

44. NAME OF FUNERAL DIRECTOR GREEN HILLS MORTUARY 45. LICENSE NO. FD 1175 46. SIGNATURE OF LOCAL REGISTRAR *Freel Leaf* 47. DATE M M / D D / C C Y Y 12/18/2001

101. PLACE OF DEATH RESIDENCE 102. IF HOSPITAL, SPECIFY ONE: IP ER/OP DOA 103. FACILITY OTHER THAN HOSPITAL: CONV. HOSP. RES. CARE OTHER 104. COUNTY LOS ANGELES

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 2905 WINDMILL RD. 106. CITY TORRANCE

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

IMMEDIATE CAUSE (A) CARDIORESPIRATORY ARREST TIME INTERVAL BETWEEN ONSET AND DEATH MINS 108. DEATH REPORTED TO CORONER YES NO REFERRAL NUMBER 2001-58749

CAUSE OF DEATH DUE TO (B) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE TIME INTERVAL BETWEEN ONSET AND DEATH YRS 109. BIOPSY PERFORMED YES NO

DUE TO (C) 110. AUTOPSY PERFORMED YES NO

DUE TO (D) 111. USED IN DETERMINING CAUSE YES NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 DEMENTIA

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 M M / D D / C C Y Y 10/19/2001 DECEDENT LAST SEEN ALIVE M M / D D / C C Y Y 11/07/2001 115. SIGNATURE AND TITLE OF CERTIFIER *Dr. Krupa Shah MD* 116. LICENSE NO. A42668 117. DATE M M / D D / C C Y Y 12/17/2001

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP KRUPA SHAH, MD 1294 W. 6TH ST. SAN PEDRO, CA 90732

119. MANNER OF DEATH NATURAL SUICIDE HOMICIDE ACCIDENT PENDING INVESTIGATION COULD NOT BE DETERMINED 120. INJURY AT WORK YES 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 *Freel Leaf* 127. DATE M M / D D / C C Y Y 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

10 CORONER'S USE ONLY 4292

STATE REGISTRAR A B C D E F G H FAX AUTH. # CENSUS TRACT

0556264
BK1002PG13684

310050630

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.

Freel Leaf 133 DEC 18 2001

DATE ISSUED

Director of Health Services and Registrar

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY
Larsen & Risley
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2002 OCT 30 AM 9: 39

LINDA SLATER
RECORDER

\$ *16.00* PAID *tg* DEPUTY

0556264

BK1002PG13685