



Parcel No. 2:

The exclusive right to use and possession of those certain patio areas adjacent to said unit designated as "Restricted Common Area" on the subdivision map referred to in Parcel 1 above.

Parcel No. 3:

An undivided 26.2% interest as tenant in common in and to that portion of the real property described on the subdivision map referred to in the description in Parcel 1 above, defined in the Amended Declaration of Covenants, conditions and restrictions of Pinewild, a condominium project, recorded on March 11, 1974 in Book 374, at page 193 et seq., as Limited Common Area and thereby allocated to the unit described in Parcel 1 above, and excepting unto Grantor non-exclusive easements for ingress and egress, utility services, support, encroachments, maintenance and repair over the common areas defined and set forth in said Declaration of Covenants, conditions and restrictions.

Parcel No. 4:

Non-exclusive easements appurtenant to Parcel 1 above, for ingress and egress, utility services, support encroachments, maintenance and repair, over the common areas defined and set forth in the Declaration of covenants, conditions and restrictions of Pinewild, more particularly described in the description of Parcel 3 above.

6. This Affidavit - Death of Trustee is recorded to establish that the Trustee of the Thomas and Helen Laubacher 1989 Family Trust is **HELEN E. LAUBACHER** by reason of the provisions of said Trust.

Dated: January 12, 2005.

*Helen E. Laubacher*  
Helen E. Laubacher, Trustee  
Thomas and Helen Laubacher 1989 Family Trust  
Under Declaration of Trust dated August 22, 1989

Subscribed and sworn to before me this 12<sup>th</sup> day of January, 2005.

*Carole A. Minkin*

Notary Public

CAROLE A. MINKIN  
COMM. # 1458565  
NOTARY PUBLIC-CALIFORNIA  
VENTURA COUNTY  
My Comm. Expires  
JANUARY 20, 2008



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

**COUNTY OF VENTURA**  
VENTURA, CALIFORNIA

**CERTIFICATE OF DEATH**

3200456003375  
LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Last)		2. MIDDLE		3. LAST (Family)	
THOMAS		EDWARD		LAUBACHER	
4. DATE OF BIRTH mm/dd/yyyy					
08/29/1913					
5. AGE Yrs. <input type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Minutes <input type="checkbox"/> Seconds					
91					
6. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other					
M					
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hour)		9. MINUTE	
09/26/2004		0310			
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at time of death)	
1434				Married	
13. EDUCATION - Highest grade completed		14. WAS DECEDENT SPANISH-SPEAKING? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
HS Graduate		White			
15. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real estate office, employment agency, etc.)			
Insurance/Real Estate Broker		Insurance/Real Estate			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. YEARS IN OCCUPATION		19. YEARS IN OCCUPATION	
Insurance/Real Estate Broker		40		40	
20. DECEDENT'S RESIDENCE (Street and number or location)					
160 South I St.					
21. CITY		22. COUNTY		23. STATE	
Oxnard		Ventura		California	
24. ZIP CODE		25. YEARS IN COUNTY		26. STATE/FOREIGN COUNTRY	
93030		86		California	
27. INFORMANT'S NAME, RELATIONSHIP			28. INFORMANT'S ADDRESS (Street and number or rural route, city or town, state, ZIP)		
Thomas E. Laubacher, Jr. - Son			2035 Spyllass Trail West, Oxnard CA 93036		
29. NAME OF SURVIVING SPOUSE - FIRST		30. MIDDLE		31. LAST ( maiden name)	
Helen		E.		Huelkamp	
32. NAME OF FATHER - FIRST		33. MIDDLE		34. BIRTH STATE	
Joseph		Henry		OH	
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. BIRTH STATE	
Mary		Gertrude		CA	
38. DATE OF BURIAL mm/dd/yyyy		39. PLACE OF FINAL BURIAL			
09/29/2004		Santa Clara Catholic Cemetery, 2370 North H St., Oxnard CA 93030			
40. TYPE OF BURIAL		41. SIGNATURE OF EMERALD		42. LICENSE NUMBER	
BU		<i>Signature</i>		8565	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER		45. DATE mm/dd/yyyy	
James A. Reardon Mortuary		FD-725		09/28/2004	
46. PLACE OF DEATH		47. HOSPITAL, CLINIC, OR OTHER		48. IF OTHER THAN HOSPITAL, SPECIFY ONE	
Glenwood Care Center		<input type="checkbox"/> P <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> S <input type="checkbox"/> O		<input checked="" type="checkbox"/> Home <input type="checkbox"/> Prison <input type="checkbox"/> Other	
49. COUNTY		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		51. CITY	
Oxnard		1300 North C St.		Oxnard	
52. CAUSE OF DEATH (Cause the state of death - disease, lesion, or complication - that directly caused death. DO NOT enter incidental conditions such as laceration, respiratory arrest, or ventricular fibrillation unless causing the death. DO NOT abbreviate.)					
Probable Respiratory Failure					
53. IMMEDIATE CAUSE (Final decision of physician resulting in death)					
Right Lung Mass					
54. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT NECESSARILY THE UNDERLYING CAUSE (as given in 52)					
Anemia of Chronic Disease					
55. WAS OPERATION PERFORMED FOR ANY CONDITION IN THIS OR 112? (If yes, see type of operation and date)					
No					
56. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CORNER STATED		57. SIGNATURE AND TITLE OF CORNER		58. LICENSE NUMBER	
09/20/2004		<i>Signature</i>		A73845	
59. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CORNER STATED		60. TYPE AT BIRTH (Males: M, Females: F, Other: O)		61. DATE mm/dd/yyyy	
09/20/2004		Vinod K. Valiveti M.D., 1700 No. Rose Ave. #300, Oxnard CA		93030	
62. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		63. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		64. INJURY DATE mm/dd/yyyy	
65. PLACE OF INJURY (e.g., home, construction site, unimproved area, etc.)					
66. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
67. LOCATION OF BURIAL (Street and number, or location, and city, and ZIP)					
68. SIGNATURE OF CORNER/DEPUTY CORNER					
69. DATE mm/dd/yyyy					
70. TYPE, TITLE OF CORNER/DEPUTY CORNER					
71. STATE REGISTRAR					
72. FAX AREA # 39844					
73. COUNTY TRACT					

\*000585599\*

BK- 0805  
PG- 13434  
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF VENTURA } SS

DATE ISSUED 09/30/2004

*Robert Valiveti, M.D.*  
HEALTH OFFICER  
VENTURA COUNTY, CALIFORNIA

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.

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

