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APN 1418-10-710-021

RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:

✓ C. Arthur Nisson, Esq.  
1652 Foothill Boulevard  
Santa Ana, CA 92705

DOC # 0666565  
01/27/2006 09:45 AM Deputy: KLJ

OFFICIAL RECORD  
Requested By:  
DEBORAH J FORBECK

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-0106 PG- 8804 RPTT: 0.00



**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF NEVADA }  
COUNTY OF DOUGLAS }SS.

ROSAMOND U. HALL, being of legal age and duly sworn states that ROBERT ERNEST HALL, the decedent named in the attached certified Death Certificate, is the same person as ROBERT E. HALL named as a Co-Trustee in the Grant, Bargain, Sale Deed dated August 16, 1982, and executed by ROBERT E. HALL and ROSAMOND U. HALL, husband and wife to ROBERT E. HALL and ROSAMOND U. HALL, Trustees of the ROBERT E. HALL AND ROSAMOND U. HALL 1967 TRUSTS recorded as Instrument No. 71172, L 982, Page 1322 and 71173, L 982, Page 1323, on September 23, 1982 of the Official Records of Douglas County, Nevada, covering the following property situated in the County of Douglas, State of Nevada, bounded and described as:

Parcel No. 1: Lot 29 in Block A as shown on the Amended Map of GLENBROOK, Unit No. 2, filed in the office of the Recorder of Douglas County, Nevada on October 13, 1978

Parcel No. 2: The exclusive right to use for garage purposes that parcel designated as "G.E." 29, in Block A, as shown on the Amended Map of GLENBROOK UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada on October 13, 1978

and

Parcel No. 1: Lot 30 in Block A as shown on the Amended Map of GLENBROOK, Unit No. 2, filed in the office of the Recorder of Douglas County, Nevada on October 13, 1978

Parcel No. 2: The exclusive right to use for garage purposes that parcel designated as "G.E." 30, in Block A, as shown on the Amended Map of GLENBROOK UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada on October 13, 1978

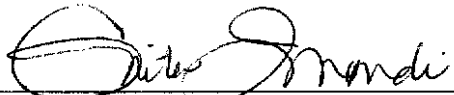
The undersigned is now the sole Trustee of the ROBERT E. HALL AND ROSAMOND U. HALL LIVING TRUST dated July 5, 1967

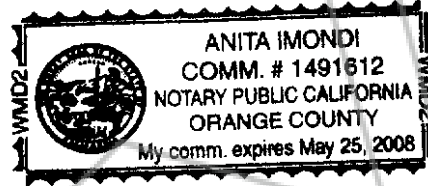
Dated: January 3, 2006

*Rosamond U. Hall*  
ROSAMOND U. HALL

STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF ORANGE )

Subscribed and sworn to (or affirmed) before me  
on this 20<sup>th</sup> day of January, 2006, by ROSAMOND  
U. HALL, personally known to me ~~or proved to~~  
~~me on the basis of satisfactory evidence~~ to be the  
person who appeared before me.

  
\_\_\_\_\_  
Notary Public in and for Said County and State



DRAFT

COOPER

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

**COUNTY OF ORANGE**  
**HEALTH CARE AGENCY**  
1200 N. MAIN STREET, SUITE 100-A  
SANTA ANA, CA 92701

3 2005 30 000027

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA  
USE BLACK INK ONLY. NO ERASURES. WRITERS OF ALLEAF OVS  
(REV. 1/84)

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ROBERT		ERNEST		HALL	
4. DATE OF BIRTH mm/dd/yyyy 5. AGE Yrs					
01/05/1921		83			
6. SEX					
M					
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CALIFORNIA		-9849		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. EDUCATION - Highest Level/Degree (See worksheet on back)		13. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes see worksheet on back)		14. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)	
BACHELOR'S		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RET. RES.		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
EXECUTIVE		MANUFACTURING		62	
20. DECEDENT'S RESIDENCE (Street and number or location)					
1221 W. COAST HWY APT., #119					
23. CITY		22. COUNTY/PROVINCE		25. STATE/FOREIGN COUNTRY	
NEWPORT BEACH		ORANGE		CA	
21. INFORMANT'S MAILING ADDRESS (Street and number or full care number, city or town, state, ZIP)					
1221 W. COAST HWY APT., #119 NEWPORT BEACH, CA 92660					
27. INFORMANT'S NAME, RELATIONSHIP?					
ROSAMOND U. HALL/WIFE					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST ( Maiden Name)	
ROSAMOND		THURMOND		UPSON	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
WINFIELD		EARL		HALL	
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST (Maiden)	
EMMA		MARIE		WILHELMI	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
01/12/2005		CARPINTERIA CEMETERY 1501 CRAVENS LN. CARPINTERIA, CA 93013			
41. TYPE OF REGISTRAR		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/BU		NOT EMBALMED			
45. NAME OF FUNERAL ESTABLISHMENT		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
PACIFIC VIEW MORTUARY		FD-1176 <i>Mark B. Horton</i>		01/07/2005	
102. IF HOSPITAL, SPECIFY ONE					
<input type="checkbox"/> ID <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE					
RESIDENCE					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
ORANGE		1221 W. COAST HWY APT., #119		NEWPORT BEACH	
107. CAUSE OF DEATH (Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE)					
IMMEDIATE CAUSE (A) (Final cause of death or condition resulting in death)					
CONGESTIVE HEART FAILURE					
SEQUENTIAL, not conditions, if any leading to cause on Line A. Final UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
ATHEROSCLEROTIC VASCULAR DISEASE					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
DIABETES, CARCINOMA OF PROSTATE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation on end date)					
NO					
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since		<i>Kevin Barnett MD</i>		G45613	
Decedent Last Seen Alive		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
10/21/1996 12/06/2004		KEVIN BARNETT, MD 350 OLD NEWPORT BLVD., NEWPORT BEACH, CA 92663		01/04/2005	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A B C D E					

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CERTIFIED COPY OF VITAL RECORDS

JAN 12 2005



STATE OF CALIFORNIA  
COUNTY OF ORANGE

} SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

*Mark B. Horton*  
MARK B. HORTON, M.D.  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

