

OFFICIAL RECORD
Requested By:
DONALD BARTHOLOMEW

Recording Requested By:

Melvin D. Rich, Esq.
J. Douglass Jennings, Jr., A.P.C.
9171 Towne Center Drive, Suite 350
San Diego, CA 92122

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0707 PG- 7413 RPTT: 0.00



When Recorded, Mail This Affidavit
And Future Tax Statements To:

Mr. Donald Bruce Bartholomew
Ms. Sharon Louise van der Voort
885 Taildragger Road
Gardnerville, NV 89410

EXEMPTION FROM REASSESSMENT
PURSUANT TO REV. & TAX CODE '63.1
APN: 1420-27-810-034

CORRECTION AFFIDAVIT
of
DEATH OF TRUSTEE

STATE OF CALIFORNIA)
) ss.
COUNTY OF LOS ANGELES)

This Affidavit is to correct errors contained in the Affidavit of Death of Trustee recorded on February 27, 2007, Docket Number 0695975, in the Office of the County Recorder for the County of Douglas, State of Nevada.

I, SHARON LOUIS VAN DER VOORT, of legal age, being first duly sworn, depose and say:

1. That RALPH LITTLE BARTHOLOMEW, the decedent mentioned in the attached certified Certificate of Death ("Decedent"), is the same person as that RALPH LITTLE BARTHOLOMEW, named as the Co-Trustee of THE BARTHOLOMEW REVOCABLE LIVING TRUST under that certain Declaration of Trust dated July 11, 1984, executed by RALPH LITTLE BARTHOLOMEW and ADA NAOMI FRANZ BARTHOLOMEW, as Trustors, and the following amendments thereto:

- A. First Amendment to the Bartholomew Revocable Living Trust dated October 21, 1993;
- B. Second Amendment to the Bartholomew Revocable Living Trust dated January 7, 1999;
- C. Third Amendment to the Bartholomew Revocable Living Trust dated October 12, 1999;
- D. Trust Amendment dated December 4, 2003;
- E. Fifth Amendment to the Bartholomew Revocable Living Trust dated May 17, 2005; and
- F. Sixth Amendment to the Bartholomew Revocable Living Trust dated February 6, 2006

2. That at the time of the demise of the Decedent, Decedent was the record owner, as Trustee, of real property, which property is more fully described in that certain Grant, Bargain and Sale Deed dated July 30, 1987, executed by RALPH BARTHOLOMEW and NAOMI BARTHOLOMEW, husband and wife as joint tenants, as Grantors, to THE BARTHOLOMEW REVOCABLE LIVING TRUST, Grantee, and recorded in Book 887 at Page 2761 as Document #160743 on August 24, 1987, in the Official Records of the County Recorder of Douglas, State of Nevada, covering the real property in said County, as fully described below:

Lot 11, Block 2, as shown on the Map of Paradise View Subdivision filed in the Office of the County Recorder of Douglas County, Nevada, on February 13, 1961, in Book 1 of Maps, Document No. 17230.

(Commonly known as 2812 Squires Street)

3. That I am the Successor Co-Trustee along with DONALD BRUCE BARTHOLOMEW, Successor Co-Trustee, under the above-referenced Declaration of Trust, which was in effect at the time of the death of the Decedent mentioned in Paragraph 1, above, which has not been revoked, modified or amended in any manner that renders the information contained in this Affidavit inaccurate or incomplete, and I hereby consent to act as Successor Co-Trustee.

Dated 7-13, 2007

Sharon Louise van der Voort
SHARON LOUISE VAN DER VOORT,
Successor Co-Trustee

NOTARY JURAT

STATE OF CALIFORNIA)
) ss.
COUNTY OF LOS ANGELES)

Subscribed and sworn to (or affirmed) before me, *Carol A. Hall*, a notary public in and for said County and State, on this 13 day of *July*, 2007, by SHARON LOUISE VAN DER VOORT,

- () Personally known to me; or
- (x) Proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Carol A. Hall

Notary Signature

(NOTARY SEAL)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3-200619010628

1 NAME OF DECEDENT - FIRST (Given): Ralph		2 MIDDLE: Little		3 LAST (Family): Bartholomew	
4 DATE OF BIRTH mm/dd/yyyy: 07/12/1920					
5 AGE Yrs: 85		6 UNDER ONE YEAR: Months: 03 Days: 07		7 UNDER 24 HOURS: Hours: 03 Minutes: 15	
8 SEX: M		9 BIRTH STATE / FOREIGN COUNTRY: CT		10 SOCIAL SECURITY NUMBER: [REDACTED]	
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): Widowed		13 DATE OF DEATH mm/dd/yyyy: 03/07/2006	
14 15 WAS DECEDENT HISPANIC/LATINO(A) SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back): Caucasian			
17 USUAL OCCUPATION -- 1 year of work for most of life. DO NOT USE RETIRED: Teacher		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): Education		19 YEARS IN OCCUPATION: 20	
20 DECEDENT'S RESIDENCE (Street and number or location): 1420 Santo Domingo Ave.					
21 CITY: Duarte		22 COUNTY/PROVINCE: Los Angeles		23 ZIP CODE: 91010	
24 YEARS IN COUNTY: 50		25 STATE/FOREIGN COUNTRY: CA			
26 INFORMANT'S NAME (Relationship): Don B. Bartholomew - Son			27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 885 Taildragger Rd., Gardnerville, NV 89410		
28 NAME OF SURVIVING SPOUSE - FIRST: Robert		29 MIDDLE: Dodd		30 LAST (Maiden Name): Bartholomew	
31 NAME OF FATHER - FIRST: Robert		32 MIDDLE: Dodd		33 LAST: Bartholomew	
34 BIRTH STATE: NJ		35 NAME OF MOTHER - FIRST: Elisabeth		36 MIDDLE: Little	
37 LAST (Maiden): Little		38 BIRTH STATE: NJ			
39 DISPOSITION DATE mm/dd/yyyy: 03/13/2006		40 PLACE OF FINAL DISPOSITION: Riverside National Cemetery, 22495 Van Buren Blvd., Riverside, CA			
41 TYPE OF DISPOSITION: CR/BU		42 SIGNATURE OF EMBALLER: Not Emblamed		43 LICENSE NUMBER: [REDACTED]	
44 NAME OF FUNERAL ESTABLISHMENT: Douglass & Zook Mortuary, Inc.		45 LICENSE NUMBER: FD 221		46 SIGNATURE OF LOCAL REGISTRAR: <i>[Signature]</i>	
47 DATE mm/dd/yyyy: 03/13/2006		48 [REDACTED]			
101 PLACE OF DEATH: Royal Oaks Manor - Bradbury Oaks		102 IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input checked="" type="checkbox"/> Hospice		103 IF OTHER THAN HOSPITAL, SPECIFY ONE: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY: Los Angeles		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 1763 Royal Oaks Dr.		106 CITY: Bradbury	
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 respiratory fibrillation without showing the aetiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (a) Aspiration Pneumonia		Time Interval Between Onset and Death: Days		108 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Secondary but contributory cause (b) Cerebrovascular Disease		Time Interval: Weeks		109 SHOPSYP PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAUSE (c) Hypertension		Time Interval: Years		110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: No			
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IN YES, list type of operation and date: No		114 IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
115 SIGNATURE AND TITLE OF CERTIFIER: <i>[Signature]</i>		116 LICENSE NUMBER: A79083		117 DATE mm/dd/yyyy: 03/08/2006	
118 TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS ZIP CODE: Lauren Kim, M.D., 931 Buena Vista St., Duarte, CA 91010		119 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED: Decedent's Alleged Since Decedent Last Seen Alive			
120 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		121 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		122 INJURY DATE mm/dd/yyyy: [REDACTED]	
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.): [REDACTED]		124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury): [REDACTED]			
125 LOCATION OF INJURY (Street and number or location, and city and ZIP): [REDACTED]		126 SIGNATURE OF CORONER, DEPUTY CORONER: [REDACTED]			
127 DATE mm/dd/yyyy: [REDACTED]		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: [REDACTED]			
STATE REGISTRAR: [REDACTED]		FAX AUTH #: 447-1668		CENSUS TRACT: [REDACTED]	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conn B. McCormack
CONNIE B. MCCORMACK
 Registrar-Recorder/County Clerk

JUN 28 2007



This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.



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 PG- 7415
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