

16

DOC # 0734253
12/08/2008 11:39 AM Deputy: DW

OFFICIAL RECORD

Requested By:
SUSAN J SANDERS

RECORDING REQUESTED BY:
Susan J. Sanders-Young, Attorney

WHEN RECORDED MAIL TO:

George Johnson, Trustee
1839 Weekend Villa Road
Ramona, CA 92065

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-1208 PG- 1691 RPTT: 0.00



Parcel No. 1420-33-312-015

(Space Above This Line For Recorder's Use)

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA }
COUNTY OF SAN DIEGO } SS

I, George Johnson, a.k.a. George Johnson, Jr, being of legal age, and duly sworn, say:

1. THAT Goldie M. Johnson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Goldie M. Johnson, named in the Grant Deed dated September 10, 2004, executed by George Johnson and Goldie M. Johnson, husband and wife as Community Property with Right of Survivorship, to George Johnson and Goldie M. Johnson, Co-Trustees of the Johnson Family Trust U/D/T dated September 10, 2004, and recorded on September 14, 2004, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada commonly described as:

1292 Wrangler Circle
Minden, NV 89423

and more particularly described as:

All that real property situated in the unincorporated area County of Douglas State of Nevada, bounded and described as follows:

Lot 183, as shown on the Final Map of WILDHORSE UNIT 6, A PLANNED UNIT DEVELOPMENT, filed for the record in the office of the County Recorder of Douglas County, State of Nevada, on Mary 15, 1994, in Book 394, Page 741, as Document No. 332336.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issue or profits thereof.

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Continued on Page 2 of 2

AFFIDAVIT - DEATH OF TRUSTEE

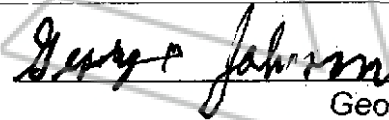
Parcel No. 1420-33-312-015

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2. THAT George Johnson is now the **sole surviving trustee** of the Johnson Family Trust, U/D/T dated September 10, 2004, and consents act as such.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: November 6, 2008

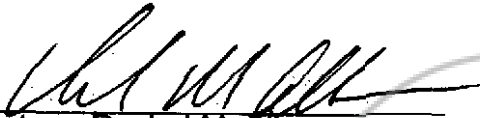


George Johnson

NOTARY

Subscribed and sworn to (or affirmed) before me, Rachel M. Allums, the undersigned notary, on this 6th day of November, 2008, by George Johnson, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

I certify under the penalty of perjury under the laws of the State of California that the foregoing statement is true and correct.



Notary: Rachel M. Allums
Notary Public for the State of California



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3200837016189

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED -- FIRST (Given)		3. LAST (Family)	
GOLDIE		JOHNSON	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
MAY		07/06/1934	
5. AGE Yrs		6. SEX	
74		F	
7. DATE OF DEATH mm/dd/yyyy			
10/23/2008			
8. HOUR (24 Hours)			
1500			
9. BIRTH STATE/FOREIGN COUNTRY			
NE			
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
0552		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		13. EDUCATION -- (Report level/degree)	
MARRIED		09	
14. WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		15. DECEASED'S RACE -- Up to 3 races may be listed (see worksheet on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
HOME MAKER		OWN HOME	
19. YEARS IN OCCUPATION		20. DECEASED'S RESIDENCE (Street and number or location)	
37		1839 WEEKEND VILLA RD	
21. CITY		22. COUNTY/PROVINCE	
RAMONA		SAN DIEGO	
23. ZIP CODE		24. YEARS IN COUNTY	
92065		1	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		SHIRLEY AHLERS, DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE -- FIRST	
1839 WEEKEND VILLA RD, RAMONA, CA 92065		GEORGE	
29. NAME OF FATHER -- FIRST		30. LAST (Maiden Name)	
MONROE		JOHNSON	
31. NAME OF MOTHER -- FIRST		32. LAST	
VIRGINIA		BRAWLEY	
33. MIDDLE		34. BIRTH STATE	
LEE		MO	
35. LAST (Maiden)		36. BIRTH STATE	
PALMER		KS	
37. PLACE OF FINAL DISPOSITION		38. DISPOSITION DATE mm/dd/yyyy	
RES GEORGE JOHNSON		10/28/2008	
1839 WEEKEND VILLA RD, RAMONA, CA 92065		39. TYPE OF DISPOSITION	
CR/RES		40. SIGNATURE OF EMBALMER	
41. NAME OF FUNERAL ESTABLISHMENT		NOT EMBALMED	
BONHAM BROS. & STEWART MORTUARY		42. LICENSE NUMBER	
FD568		43. SIGNATURE OF LOCAL REGISTRAR	
44. LICENSE NUMBER		45. DATE mm/dd/yyyy	
WILMA WOOTEN, MD		10/27/2008	
46. PLACE OF DEATH		47. IF HOSPITAL, SPECIFY ONE	
RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ERIP <input type="checkbox"/> OOH <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
48. COUNTY		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
SAN DIEGO		1839 WEEKEND VILLA RD	
50. CITY		51. CAUSE OF DEATH	
RAMONA		LUNG CANCER WITH METASTASIS TO LIVER	
52. IMMEDIATE CAUSE (Final disease or condition resulting in death)		53. TIME INTERVAL BETWEEN ONSET AND DEATH	
LUNG CANCER WITH METASTASIS TO LIVER		3 YRS	
54. UNDERLYING CAUSE (Immediate or primary that initiated the events leading to death) LAST		55. DEATH REPORTED TO CORONER	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
56. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51		57. BIOPSY PERFORMED?	
NONE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
58. SURGICAL OPERATION PERFORMED FOR ANY CONDITION IN ITEM 51 OR 52? (If yes, list type of operation and date.)		59. ALTOPOSTY PERFORMED?	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
60. SIGNATURE AND TITLE OF CERTIFIER		61. USED IN DETERMINING CAUSE?	
DANIEL ROBERT SPURGEON M.D.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
62. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		63. IF FEMALE, PREGNANT IN LAST YEAR?	
ELIZABETH SERRELL MENKIN M.D.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
64. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		65. LICENSE NUMBER	
4311 THIRD AVENUE, SAN DIEGO, CA 92103		A99921	
66. DATE mm/dd/yyyy		67. DATE mm/dd/yyyy	
09/26/2008		10/24/2008	
68. MANNER OF DEATH		69. INJURED AT WORK?	
<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"/> UNK	
70. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		71. INJURY DATE mm/dd/yyyy	
72. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		73. HOUR (24 Hours)	
74. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		75. SIGNATURE OF CORONER / DEPUTY CORONER	
76. DATE mm/dd/yyyy		77. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

C787
C349

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PG- 1693
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County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: October 29, 2008

Wilma J. Wooten, M.D.
WILMA J. WOOTEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE