

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0409 PG- 5147 RPTT: 0.00

TONI DeGASPERIN, ATTORNEY
23601 MOULTON PARKWAY, SUITE 220
LAGUNA HILLS, CA 92653



APN NO. 05-241-31

1318-16-810-018

AFFIDAVIT OF DEATH OF TRUSTEE

State of California
County of Orange } ss

TONI DeGASPERIN, of legal age, being first duly sworn, deposes and says:

That WILLIAM JAMES GOSLINE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM J. GOSLINE, TRUSTEE, named as one of the parties in that certain GRANT DEED dated February 8, 1994, executed by Celesta T. Gosline, recorded on February 18, 1994, as Instrument No. 330517 BK0294 PG3577 in the Official Records of DOUGLAS County, Nevada, covering the following described property in the County of DOUGLAS, State of Nevada:

Lot 35, as shown on the AMENDED MAP OF ELKS SUBDIVISION, filed in the office of the County Recorder of Douglas County, Nevada, on January 5, 1928, and map entitled ELKS SUBDIVISION filed in the office of the County Recorder of Douglas County, Nevada, on May 5, 1927.

Also attached hereto is the original Resignation of Trustee signed by Celesta T. Gosline who is the same person as CELESTA T. GOSLINE, TRUSTEE, named as one of the parties in that certain GRANT DEED dated February 8, 1994, executed by Celesta T. Gosline, recorded on May 3, 1994, as Instrument No. DOC # 94-0305266 in the Official Records of ORANGE County, California, covering the above described property in the County of ORANGE, State of California. Said attached Resignation of Trustee also contains William J. Gosline Jr.'s acceptance to serve as Trustee of the William J. Gosline and Celesta T. Gosline Family Trust.

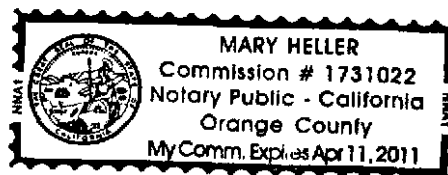
September 23, 2008

Toni DeGasperin
TONI DeGASPERIN

Subscribed and Sworn to before me on this 23rd day of September 2008 by TONI DeGASPERIN, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Witness my hand and official seal.

Mary Heller
Mary Heller, Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

3200730014913

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED -- FIRST (Given)		2. MIDDLE	
WILLIAM		JAMES	
3. LAST (Family)		GOSLINE	
4A. ALSO KNOWN AS -- (Include MR, MRS, MIDDLE, LAST)		4. DATE OF BIRTH -- (month/day/year)	
		07/25/1926	
5. AGE Yrs.		6. SEX	
81		M	
7. BIRTH STATE/FOREIGN COUNTRY		8. HOUR (24 Hours)	
CA		0335	
9. SOCIAL SECURITY NUMBER		10. MARITAL STATUS (at time of death)	
6441		MARRIED	
11. EVER IN U.S. ARMED FORCES? (If yes, see remarks on back)		12. DATE OF DEATH -- (month/day/year)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		11/15/2007	
13. EDUCATION -- (highest completed) (Do not include in last)		14. DECEASED'S RACE -- (Up to 3 races may be listed (see instruction on back))	
BACHELOR		CAUCASIAN	
15. USUAL OCCUPATION -- (Type of work for most of life. DO NOT USE RETIRED)		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)	
STOCKBROKER		STOCK	
17. YEARS IN OCCUPATION		18. YEARS IN OCCUPATION	
45		45	
19. DECEASED'S RESIDENCE (Street and number or box(es))			
1400 SANDCASTLE DR			
20. CITY		21. COUNTY/PROVINCE	
CORONA DEL MAR		ORANGE	
22. ZIP CODE		23. YEARS IN COUNTY	
92625		33	
24. STATE/FOREIGN COUNTRY		25. STATE/FOREIGN COUNTRY	
CA		CA	
26. INFORMANT'S NAME, RELATIONSHIP			
CELESTA T. GOSLINE, WIFE			
27. INFORMANT'S MAILING ADDRESS (Street and number or apartment number, city or town, state, ZIP)			
1400 SANDCASTLE DR, CORONA DEL MAR, CA 92625			
28. NAME OF SURVIVING SPOUSE -- FIRST		29. MIDDLE	
CELESTA		BREWER	
30. LAST (maiden name)		THAYER	
31. NAME OF FATHER -- FIRST		32. MIDDLE	
GEORGE		GOSLINE	
33. LAST		34. BIRTH STATE	
GOSLINE		CA	
35. NAME OF MOTHER -- FIRST		36. MIDDLE	
MARION		ATTMORE	
37. LAST (maiden)		38. BIRTH STATE	
ATTMORE		CA	
39. DEPOSITION DATE -- (month/day/year)		40. PLACE OF FINAL DISPOSITION	
11/20/2007		RES CELESTA T. GASLINE 1400 SANDCASTLE DR, CORONA DEL MAR, CA 92625	
41. TYPE OF DISPOSITION:		42. SIGNATURE OF EXAMINER	
CR/RES		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
		PACIFIC VIEW MORTUARY	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD 1176		ERIC G. HANDLER, M.D.	
47. DATE -- (month/day/year)		48. SIGNATURE OF REGISTRAR	
11/18/2007		EG	
49. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
HOAG MEMORIAL HOSPITAL PRESBYTERIAN		<input checked="" type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, ETC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
50. COUNTY		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
ORANGE		104. CITY	
51. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		NEWPORT BEACH	
1 HOAG DRIVE			
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
Enter the chain of events -- disease, injury, or complication -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator disconnection without showing the etiology. DO NOT abbreviate.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (First disease or condition resulting in death)		109. DISPOSED PERFORMED?	
Ventricular Fibrillation		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. MINS		111. AUTOPSY PERFORMED?	
15		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. WEEKS		113. UREMIA DETERMINED CAUSE?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
114. WEEKS			
115. WEEKS			
116. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
CHRONIC LYMPHOCTIC LEUKEMIA			
117. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 117? (If yes, list type of operation and date.)			
NO			
118. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED			
119. SIGNATURE AND TITLE OF CERTIFIER		120. LICENSE NUMBER	
Richard C Harano M.D.		C29066	
121. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		122. DATE -- (month/day/year)	
Richard C Harano M.D. 1401 AVOCADO AVE STE 402, NEWPORT BEACH, CA 92660		11/16/2007	
123. MANNER OF DEATH		124. INJURED AT WORK?	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Cause not ascertained		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
125. PLACE OF INJURY (e.g., home, construction site, hospital area, etc.)		126. INJURY DATE -- (month/day/year)	
127. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)		128. HOUR (24 Hours)	
129. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		129. SIGNATURE OF CORONER / DEPUTY CORONER	
130. SIGNATURE OF CORONER / DEPUTY CORONER		131. DATE -- (month/day/year)	
132. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		133. STATE REGISTER	
		A B C D E	
		FAX AUTH. #	
		CENSUS TRACT	

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BK- 0409
PG- 5148

NOV 28 2007

CERTIFIED COPY OF VITAL RECORDS

* 002223339 *

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.

Eric G. Handler M.D.
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

