

RECORDING REQUESTED BY:

JEREMIAH F. REID, A.P.C.
Attorney at Law
325 Eleventh St.
Ramona, CA 92065

DOC # 0747398
07/20/2009 01:48 PM Deputy: GB
OFFICIAL RECORD
Requested By:
JEREMIAH REID

WHEN RECORDED MAIL TO:

NANCY C. SCHWOB
P.O. Box 1184
Borrego Springs, California 92004

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 3 Fee: 16.00
BK-0709 PG-4344 RPTT: 0.00



APN: 1220-03-310-008

**AFFIDAVIT RE DEATH OF CO-TRUSTEE OF
THE SCHWOB LIVING TRUST DATED OCTOBER 28, 2002**

STATE OF CALIFORNIA)
) SS.
COUNTY OF SAN DIEGO)

NANCY C. SCHWOB, being first duly sworn, deposes and says:

That ROBERT D. SCHWOB and NANCY C. SCHWOB executed a Declaration of Trust on October 28, 2002, under which they were the Trustees, and ROBERT D. SCHWOB and NANCY C. SCHWOB were themselves the co-Trustees under said trust. Said trust is known as The Schwob Living Trust dated October 28, 2002.

That ROBERT DEAN SCHWOB, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT D. SCHWOB, named, as co-Trustee, as one of the grantees in that certain Grant, Bargain, Sale Deed dated July 7, 2003, and recorded April 12, 2005 in the official records of Douglas County, Nevada, as Document Number 0641448, covering the following described property situated in the County of Douglas, State of Nevada:

Parcel 7B, as set forth on the Parcel Map for K. Olson and R. Pascale, being a portion of Section 3, Township 12 North, Range 20 East, M.D.B. & M., and a portion of Parcel A, Carson Valley Industrial Park, filed for record August 4, 1982, in Book 882, Page 151, Document No. 69920, Official Records of Douglas County, State of Nevada.

That the aforesaid trust provides that the undersigned, NANCY C. SCHWOB, shall be the sole trustee of said trust following the death of ROBERT D. SCHWOB. NANCY C. SCHWOB does hereby accept the office of sole trustee under said trust, effective as of the date of death of ROBERT D. SCHWOB.

DATED: July 13, 2009

Nancy C. Schwob
NANCY C. SCHWOB

MAIL TAX STATEMENTS TO NANCY C. SCHWOB AT ABOVE ADDRESS

**AFFIDAVIT RE DEATH OF CO-TRUSTEE OF
THE SCHWOB LIVING TRUST DATED OCTOBER 28, 2002**

SUBSCRIBED AND SWORN TO before me this 13th day of JULY, 2009, by NANCY C. SCHWOB, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Silvia B. Vasquez
Notary Public in and for the State of California

COPY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3200937005778

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ROBERT		DEAN		SCHWOB	
4. DATE OF BIRTH (month/day/year)					
05/07/1923					
5. AGE YRS					
85					
6. SEX					
M					
7. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
IA		3418		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK	
12. MARRITAL STATUS (at time of death)		13. DATE OF DEATH (month/day/year)		14. HOUR (24 hours)	
MARRIED		04/08/2009		0305	
15. EDUCATION - Highest completed (SEE INSTRUCTIONS ON REVERSE)		16. WAS DECEDENT HISpanic/LATINO/ASIAN/PACIFIC ISLANDER? (If yes, see instructions on back)		17. DECEDENT'S RACE - (up to 3 races may be listed (see instructions on back))	
BACHELOR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
18. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food production, employment agency, etc.)		20. YEARS IN OCCUPATION
ENGINEER			CIVIL ENGINEERING		30
21. DECEDENT'S RESIDENCE (Street and number or location)					
4678 DESERT ORIOLE DRIVE					
22. CITY		23. COUNTY/PROVINCE		24. ZIP CODE	
BORREGO SPRINGS		SAN DIEGO		92004	
25. YEARS IN COUNTRY		26. STATE/FOREIGN COUNTRY			
15		CA			
27. INFORMANT'S NAME, RELATIONSHIP			28. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
NANCY SCHWOB, WIFE			PO BOX 1184, BORREGO SPRINGS, CA 92004		
29. NAME OF SURVIVING SPOUSE - FIRST		30. MIDDLE		31. LAST (Family)	
NANCY		MAE		COOLEY	
32. NAME OF FATHER - FIRST		33. MIDDLE		34. LAST	
CARL		EMANUEL		SCHWOB	
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST (Family)	
THELMA				WARREN	
38. BIRTH STATE		39. BIRTH STATE			
IA		IA			
40. DISPOSITION DATE (month/day/year)		41. PLACE OF FINAL DISPOSITION			
04/16/2009		RES. NANCY SCHWOB WIFE 4678 DESERT ORIOLE DRIVE, BORREGO SPRINGS, CA 92004			
42. TYPE OF DISPOSITION(S)		43. SIGNATURE OF FUNERAL HOME		44. LICENSE NUMBER	
CR/RES		NOT EMBALMED			
45. NAME OF FUNERAL ESTABLISHMENT		46. LICENSE NUMBER		47. SIGNATURE OF LOCAL REGISTRAR	
ALL FAITHS MORTUARY AND CREMATO		FD1733		WILMA WOOTEN, MD	
48. DATE (month/day/year)		49. DATE (month/day/year)			
04/15/2009		04/15/2009			
50. PLACE OF DEATH		51. IF HOSPITAL, SPECIFY ONE		52. IF OTHER THAN HOSPITAL, SPECIFY ONE	
OWN HOME		<input type="checkbox"/> Hospital <input type="checkbox"/> Home/ETC <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Other			
53. CITY		54. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		55. CITY	
SAN DIEGO		4678 DESERT ORIOLE DRIVE		BORREGO SPRINGS	
56. CAUSE OF DEATH		57. Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT use terms of vessels such as cardiac, aortic, pulmonary, aortic, or venricular aneurysm without specifying the artery. DO NOT abbreviate.		58. TIME ELAPSED BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE: RESPIRATORY FAILURE		MALIGNANT PLURAL EFFUSION		15 MINS	
59. SIGNATURE OF PHYSICIAN		60. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		61. SIGNATURE OF PHYSICIAN	
RICHARD R. DEWEY, MD				RICHARD R. DEWEY, MD	
62. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		63. SIGNATURE OF PHYSICIAN		64. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		RICHARD R. DEWEY, MD		RICHARD R. DEWEY, MD	
65. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		66. SIGNATURE OF PHYSICIAN		67. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		RICHARD R. DEWEY, MD		RICHARD R. DEWEY, MD	
68. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN (1)					
RENAL FAILURE					
69. MAJOR OPERATION PERFORMED FOR ANY CONDITION IN ITEM 67 OR 68? (If yes, list type of operation and date)					
NO					
70. IF FEMALE, PREPARE MARRIAGE					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LINK					
71. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.		72. SIGNATURE AND TITLE OF CERTIFIER		73. LICENSE NUMBER	
01/02/2007		RICHARD R. DEWEY, MD		C20569	
74. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		75. TYPE OF CERTIFIER		76. MAILING ADDRESS, ZIP CODE	
04/08/2009		Physician		4343 YAQUI PASS, BORREGO SPRINGS, CA 92004	
77. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		78. TYPE OF CERTIFIER		79. MAILING ADDRESS, ZIP CODE	
		Physician		4343 YAQUI PASS, BORREGO SPRINGS, CA 92004	
80. NUMBER OF DEATH		81. INJURED AT WORK?		82. INJURY DATE (month/day/year)	
Medical <input type="checkbox"/> Accidents <input type="checkbox"/> Injuries <input type="checkbox"/> Suicide <input type="checkbox"/> Poisoning <input type="checkbox"/> Other <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Link			
83. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
84. DESCRIBE HOW INJURY OCCURRED (if events were related in injury)					
85. LOCATION OF INJURY (Street and number or location, and city, and ZIP)					
86. SIGNATURE OF CORONER/DEPUTY CORONER		87. DATE (month/day/year)		88. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A B C D E					

BK- 0709
PG- 4346
0747398 Page: 3 Of 3 07/20/2009

A 02052990

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: April 21, 2009

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

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

