

OFFICIAL RECORD

Requested By:  
M LYNN HUSTON

RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:

RUTH B. THOMPSON  
3220 PROSPECT AVENUE  
ROSEMEAD, CA 91770

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 of 2 Fee: 15.00  
BK-0909 PG- 5909 RPTT: 0.00



(Mail tax statements to same as above)

APN: 1419-11-002-053

AFFIDAVIT - DEATH OF CO-TRUSTEE

STATE OF NEVADA )  
 ) ss.  
COUNTY OF DOUGLAS )

RUTH B. THOMPSON, Surviving Trustee of the THOMPSON FAMILY TRUST DATED FEBRUARY 18, 1994, of legal age, being first duly sworn, deposes and says:

That Samuel Marshall Thompson, Jr., the decedent mentioned in the attached certified copy of Certificate of Death, is the same as Samuel M. Thompson, named as the Co-Trustee of the Thompson Family Trust Dated February 18, 1994, in that certain Quitclaim Deed dated September 15, 1994, executed by Samuel M. Thompson and Ruth B. Thompson, husband and wife, to SAMUEL M. THOMPSON AND RUTH B. THOMPSON, TRUSTEES OF THE THOMPSON FAMILY TRUST DATED FEBRUARY 18, 1994, recorded as Instrument No. 334789 in Book 0494, page 1780, on April 11, 1994, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Carson City, County of Douglas, State of Nevada:

*Lot 65, as shown on Map of Alpine View Estates Unit No. 3 filed in the Office of the Recorder of Douglas County, State of Nevada, on April 16, 1972 in Book 473, Page 467, Document No. 65319, Official Records.*

On October 15, 2008, Samuel M. Thompson, co-trustor and co-trustee of said trust died and attached is a certified copy of his death certificate.

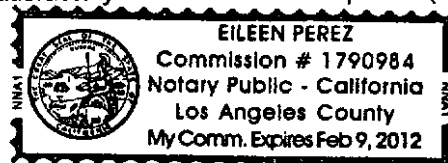
Assessor's Parcel No. 1419-11-002-053 (3420 Bernese Court, Carson City, NV 89705)

DATED Aug. 25, 2009 Ruth B Thompson  
RUTH B. THOMPSON, Trustee

State of California  
County of Los Angeles } ss.

Subscribed and sworn to (or affirmed) before me on this 25<sup>th</sup> day of August, 2009, by **RUTH B. THOMPSON** proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Eileen Perez  
Signature of Notary



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

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH**

**CERTIFICATE OF DEATH**

3200819043184

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
SAMUEL		THOMPSON JR	
2. MIDDLE		4. DATE OF BIRTH	
MARSHALL		12/12/1919	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs.	
		88	
6. BIRTH STATE/FOREIGN COUNTRY		7. DATE OF DEATH	
DC		10/15/2008	
8. SEX		9. HOUR (24 Hours)	
M		0905	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
577-18-3042		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		13. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
MARRIED		WHITE	
14. EDUCATION - Highest Level/Degree		15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
SOME COLLEGE		PRESSMAN	
16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NEWSPAPER	
18. YEARS IN OCCUPATION		19. DECEDENT'S RESIDENCE (Street and number or location)	
35		3220 N PROSPECT AVE	
20. CITY		21. COUNTY/PROVINCE	
ROSEMEAD		LOS ANGELES	
22. ZIP CODE		23. YEARS IN COUNTY	
91770		63	
24. STATE/FOREIGN COUNTRY		25. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
CA		3220 N PROSPECT AVE, ROSEMEAD, CA 91770	
26. INFORMANT'S NAME, RELATIONSHIP		27. NAME OF SURVIVING SPOUSE - FIRST	
RUTH B THOMPSON, WIFE		RUTH	
28. MIDDLE		29. LAST ( Maiden Name)	
B		BOWERS	
30. NAME OF FATHER - FIRST		31. MIDDLE	
SAMUEL		MARSHALL	
32. LAST		33. BIRTH STATE	
THOMPSON		VA	
34. NAME OF MOTHER - FIRST		35. MIDDLE	
LUCY		BELL	
36. LAST ( Maiden)		37. BIRTH STATE	
BENNETT		VA	
38. DISPOSITION DATE		39. PLACE OF FINAL DISPOSITION	
10/24/2008		ROSE HILLS MEMORIAL PARK	
40. TYPE OF DISPOSITION(S)		41. SIGNATURE OF EMBALMER	
BU		FRANCES RICKS	
42. NAME OF FUNERAL ESTABLISHMENT		43. LICENSE NUMBER	
ROSE HILLS MORTUARY		EMB8860	
44. LICENSE NUMBER		45. SIGNATURE OF LOCAL REGISTRAR	
FD970		JONATHAN FIELDING, MD	
46. DATE		47. DATE	
10/22/2008		10/22/2008	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
GARFIELD MEDICAL CENTER		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/ED <input type="checkbox"/> DOA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. COUNTY	
Home/ Hospice/LTC/ Decedent's Home/ Other		LOS ANGELES	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
525 N GARFIELD AVE		MONTEREY PARK	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (A) CARDIAC ARREST		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Final cause of condition resulting in death		Time Interval Between Death and Death Referral Made?	
(B) GANGRENE OF SMALL INTESTINE		(A) 15 MINS	
Secondary, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		109. BIOPSY PERFORMED?	
(C) MESENTERY ARTERY THROMBUS		6 DAYS	
(D) ARTERIOSCLEROTIC HEART DISEASE		110. AUTOPSY PERFORMED?	
YEARS		6 DAYS	
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		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	
CORONARY ARTERY DISEASE		INTESTINE RESECTION 10/13/2008	
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		117. DATE	
A38144		10/21/2008	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. I CERTIFY THAT BY MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	
TOM THAO YEH M.D.		MANNER OF DEATH	
7837 E GARVEY AVE, ROSEMEAD, CA 91770		<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
120. INJURED AT WORK?		121. INJURY DATE	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		122. HOUR (24 Hours)	
123. 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	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

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STATE REGISTRAR A B C D E FAX AUTH. # \*HD1372835\*

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

*Jonathan E. Fielding* 037  
DATE ISSUED OCT 23 2008

Director of Public Health and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

