

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- 5913 RPTT: 0.00



(Mail tax statements to same as above)
APN: 1420-18-112-024

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 Grant, Bargain, Sale Deed dated September 2, 2004, executed by Darin Bourgeois, a married man as his sole and separate property, to SAMUEL M. THOMPSON AND RUTH B. THOMPSON, TRUSTEES OF THE THOMPSON FAMILY TRUST DATED FEBRUARY 18, 1994, recorded as Instrument No. 0624670 in Book 0904, page 08109, on September 21, 2004, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 11 in Block B, as shown on the Official Map of Valley Vista Estates II, Unit 1, a Planned Unit Development, recorded in the Office of the Douglas County Recorder, State of Nevada on December 17, 1993, in Book 1293, at Page 3652 as File No. 325265, 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. 1420-18-112-024

(3379 Coloma, Carson City, NV)

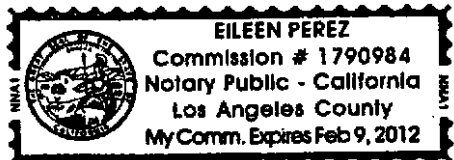
DATED Aug. 25, 2009

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 25th 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 | | STATE OF CALIFORNIA USE BLACK INK ONLY IN NO ERASURES, WHITEOUTS OR ALTERNATIONS VS. 1/1/1975 (16) | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) SAMUEL | | 2. MIDDLE MARSHALL | | 3. LAST (Family) THOMPSON JR. | |
| 4. AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) | | 4. DATE OF BIRTH mm/dd/yyyy 12/12/1919 | | 5. AGE Yrs. 88 | |
| 6. BIRTH STATE/FOREIGN COUNTRY DC | | 10. SOCIAL SECURITY NUMBER 3042 | | 11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 13. EDUCATION - Highest Level/Degree (See worksheet on back) SOME COLLEGE | | 14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 12. MARITAL STATUS (at Time of Death) MARRIED | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PRESSMAN | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) NEWSPAPER | | 7. DATE OF DEATH mm/dd/yyyy 10/15/2008 | |
| 20. DECEDENT'S RESIDENCE (Street and number or location) 3220 N PROSPECT AVE | | 21. CITY ROSEMEAD | | 22. COUNTY/PROVINCE LOS ANGELES | |
| 23. ZIP CODE - 5 91770 | | 24. YEARS IN COUNTY 63 | | 26. STATE/FOREIGN COUNTRY CA | |
| 25. INFORMANT'S NAME, RELATIONSHIP RUTH B THOMPSON, WIFE | | 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 3220 N PROSPECT AVE, ROSEMEAD, CA 91770 | | | |
| 28. NAME OF SURVIVING SPOUSE - FIRST RUTH | | 29. MIDDLE B | | 30. LAST (maiden Name) BOWERS | |
| 31. NAME OF FATHER - FIRST SAMUEL | | 32. MIDDLE MARSHALL | | 33. LAST THOMPSON | |
| 34. BIRTH STATE VA | | 35. NAME OF MOTHER - FIRST LUCY | | 36. MIDDLE BELL | |
| 37. LAST (maiden) BENNETT | | 38. BIRTH STATE VA | | 19. YEARS IN OCCUPATION 35 | |
| 39. DISPOSITION DATE mm/dd/yyyy 10/24/2008 | | 40. PLACE OF FINAL DISPOSITION ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL ROAD, WHITTIER, CA 90601 | | | |
| 41. TYPE OF DISPOSITION? BU | | 42. SIGNATURE OF EMBALLER FRANCES RICKS | | 43. LICENSE NUMBER EMB8860 | |
| 44. NAME OF FUNERAL ESTABLISHMENT ROSE HILLS MORTUARY | | 45. LICENSE NUMBER FD970 | | 46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD | |
| 47. DATE mm/dd/yyyy 10/22/2008 | | | | | |
| 101. PLACE OF DEATH GARFIELD MEDICAL CENTER | | 102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <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) 525 N GARFIELD AVE | | 106. CITY MONTEREY PARK | |
| 107. CAUSE OF DEATH Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator failure without stating the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE - W CARDIAC ARREST (Time of onset or condition resulting in death) GANGRENE OF SMALL INTESTINE 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 MESENTERY ARTERY THROMBUS ARTERIOSCLEROTIC HEART DISEASE | | Time Interval Between Death and Death (A) 15 MINS (B) 6 DAYS (C) 6 DAYS (D) YEARS | | 108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CORONARY ARTERY DISEASE | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) INTESTINE RESECTION 10/13/2008 | | | | | |
| 113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | | | | |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED. Decedent Attended Since: _____ Decedent Last Seen: 4hrs | | 115. SIGNATURE AND TITLE OF CERTIFIER TOM THAO YEH M.D. | | 116. LICENSE NUMBER A38144 | |
| 117. DATE mm/dd/yyyy 10/11/2008 | | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE TOM THAO YEH M.D. 7837 E GARVEY AVE, ROSEMEAD, CA 91770 | | 117. DATE mm/dd/yyyy 10/21/2008 | |
| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED. MANNER OF DEATH <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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 121. INJURY DATE mm/dd/yyyy | |
| 122. PLACE OF INJURY (e.g., home, construction site, work, street, 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 mm/dd/yyyy | | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | |
| STATE REGISTRAR | | A B C D E | | FAX AUTH. # | |
| | | | | *H-D-1-372836* | |

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BK- 0909
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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.

DATE ISSUED
Jonathan E. Fielding 037
Director of Public Health and Registrar
OCT 23 2008

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

