

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

157
DOC # 0775307
12/10/2010 03:09 PM Deputy: PK
OFFICIAL RECORD
Requested By:
M LYNN HUSTON

✓ S. MARSHALL THOMPSON
6120 E. BENMORE STREET
LONG BEACH, CA 90815

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: 15.00
BK-1210 PG- 2792 RPTT: 0.00



Mail tax statements to same as above)

APN: 1419-11-002-053

AFFIDAVIT - DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

STATE OF NEVADA)
)ss.
COUNTY OF DOUGLAS)

S. MARSHALL THOMPSON, III, of legal age, being first duly sworn, deposes and says:

That Ruth Borin Thompson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ruth B. Thompson, named as one of the parties in that certain Quitclaim Deed dated November 6, 2009, executed by Ruth B. Thompson, wherein the decedent was a Settlor and Trustee of the Thompson Family Bypass Trust dated October 15, 2008, as well as a beneficiary under said Trust; The original Quitclaim Deed aforementioned is recorded as No. 0755436, on December 14, 2009, 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.

The above described property is now vested in title as follows:

"S. Marshall Thompson, III, Successor Trustee of the Thompson Family Bypass Trust Dated October 15, 2008."

On August 25, 2010, Ruth B. Thompson, co-trustor and co-trustee of said trust died and attached is a certified copy of her death certificate.

Assessor's Parcel No. 1419-11-002-053

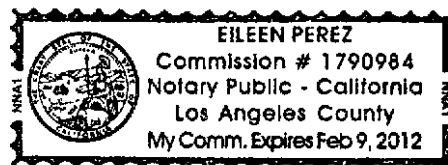
(3420 Bernese Court, Carson City, Nevada)

DATED 11/23/10

S. MARSHALL THOMPSON, III, Successor Trustee

State of California)
County of Los Angeles)

Subscribed and sworn to (or affirmed) before me on this 23rd day of November, 2010, by S. MARSHALL THOMPSON III proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

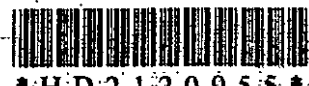
3201019034024

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS 11/05/2008		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given) RUTH		2. MIDDLE BORIN		3. LAST (Family) THOMPSON			
4. DATE OF BIRTH mm/dd/yyyy 06/08/1926				5. AGE Yrs. 84	6. UNDER ONE YEAR Months Days Hours Minutes	7. UNDER 24 HOURS Hours Minutes	8. SEX F
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER ████████-6737		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED	13. DATE OF DEATH mm/dd/yyyy 08/25/2010
14. EDUCATION - Highest Line/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? # if yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 61					
20. DECEDENT'S RESIDENCE (Street and number, or location) 3220 N PROSPECT AVE							
21. CITY ROSEMEAD		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91770	24. YEARS IN COUNTY 84	25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP SAMUEL M THOMPSON, DPOA				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 6120 BENMORE ST, LONG BEACH, CA 90815			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST EDWARD		29. MIDDLE BORIN		30. LAST (BIRTH NAME) BOWERS		34. BIRTH STATE NY	
31. NAME OF FATHER/PARENT - FIRST ETHYL		32. MIDDLE FAVOR		33. LAST (BIRTH NAME) COX		36. BIRTH STATE UT	
39. DISPOSITION DATE mm/dd/yyyy 09/04/2010		40. PLACE OF FINAL DISPOSITION ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL ROAD, WHITTIER, CA 90601					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER YVONNE YU		43. LICENSE NUMBER EMB9169			
44. NAME OF FUNERAL ESTABLISHMENT ROSE HILLS MORTUARY		45. LICENSE NUMBER FD 970		46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD.		47. DATE mm/dd/yyyy 08/31/2010	
101. PLACE OF DEATH RESIDENCE							
102. IF HOSPITAL: SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> EVOP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other					
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3220 N PROSPECT AVE		106. CITY ROSEMEAD			
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) END STAGE CONGESTIVE HEART FAILURE		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. TIME INTERVAL BETWEEN DEATH AND TEST MONS		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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 CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER PETER YANG MA M.D.		116. LICENSE NUMBER A53050		117. DATE mm/dd/yyyy 08/31/2010	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES 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		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PETER YANG MA M.D. 1343 N GRAND AVE #100, COVINA, CA 91724		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, wooded area, etc.)		123. DATE mm/dd/yyyy		122. HOUR (24 Hour)			
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		129. STATE REGISTRAR		130. FAX AUTH.#		131. CENSUS TRACT	

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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.



HD2120955

DATE ISSUED
Jonathan E Fielding MD 087
Director of Public Health and Registrar
SEP 01 2010

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE