

15-

DOC # 0775309
12/10/2010 03:12 PM Deputy: PK
OFFICIAL RECORD
Requested By:
M LYNN HUSTON

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

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- 2797 RPTT: 0.00



Mail tax statements to same as above)

APN: 1420-18-112-024

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. 0755435, 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 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

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. 1420-18-112-024

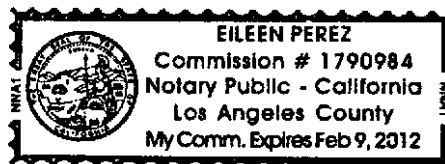
(3379 Coloma, Carson City, NV)

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		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. SEX F	
7. DATE OF DEATH mm/dd/yyyy 08/25/2010		8. HOUR (24 Hour) 1645	
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/SROP (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/Degree 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	
31. NAME OF FATHER/PARENT - FIRST EDWARD		32. MIDDLE BORIN	
33. LAST BOWERS		34. BIRTH STATE NY	
35. NAME OF MOTHER/PARENT - FIRST ETHYL		36. MIDDLE FAVOR	
37. LAST (BIRTH NAME) COX		38. 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 DISPOSITIONS 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		48. PLACE OF DEATH RESIDENCE	
49. CITY LOS ANGELES		50. COUNTY LOS ANGELES	
51. STATE CA		52. ZIP CODE 91770	
53. CITY ROSEMEAD		54. STATE CA	
55. ZIP CODE 91770		56. CAUSE OF DEATH END STAGE CONGESTIVE HEART FAILURE	
57. IMMEDIATE CAUSE (Final disease or condition resulting in death) ATHEROSCLEROSIS		58. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST ATHEROSCLEROSIS	
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		62. IF FEMALE, PREGNANT IN LAST YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
63. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Absent Since: _____ Decedent Last Seen Alive: _____ (A) mm/dd/yyyy (B) mm/dd/yyyy		64. SIGNATURE AND TITLE OF CERTIFIER PETER YANG MA M.D.	
65. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PETER YANG MA M.D. 1343 N GRAND AVE #100, COVINA, CA 91724		66. LICENSE NUMBER A53050	
67. DATE 08/19/2010		68. DATE 08/25/2010	
69. 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		70. INJURY DATE mm/dd/yyyy 08/25/2010	
71. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		72. HOUR (24 Hours) 1645	
73. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		74. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
75. LOCATION OF INJURY (Street and number, or location, and city, and zip)		76. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JONATHAN FIELDING, MD	
77. SIGNATURE OF CORONER / DEPUTY CORONER JONATHAN FIELDING, MD		78. DATE mm/dd/yyyy 08/31/2010	
79. STATE REGISTRAR A		80. FAX AUTH.#	
81. CENSUS TRACT		82. CENSUS TRACT	

BK- 1210
PG- 2798
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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

Director of Public Health and Registrar
Jonathan E. Fielding 087 SEP 01 2010
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

