

OFFICIAL RECORD

Requested By:

BERNHEIM, GUTIERREZ &
MCCREADY

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-1011 PG- 1096 RPIT: 0.00



Recorded at Request of:

WILLIAM S. BERNHEIM, Esq.

When Recorded Mail to:

✓ BERNHEIM, GUTIERREZ
& McCREADY
255 North Lincoln Street
Dixon, California 95620

AFFIDAVIT - DEATH OF TRUSTEE
ROBERT G. STRICK REVOCABLE TRUST DATED 4/17/95

State of California)
County of Solano)

William S. Bernheim, of legal age, being first duly sworn, deposes and says:

That Robert Grandon Strick, the decedent mentioned in the attached certified copy of Certificate of Death and having died March 17, 2009, is the same person as Robert G. Strick named as one of the parties in that certain Corporation Grant, Bargain, Sale Deed dated April 28, 2003, executed by Andrew W. Mitchell, President, to Robert G. Strick, Trustee of the Robert G. Strick Revocable Trust, dated April 17, 1995 recorded as Document 0575298 on May 1, 2003 in Book 0503, Page 00463 of Douglas County, Nevada conveying that property at 1616 Chiquita Dr., Minden, Nevada from Syncon Homes, a Nevada corporation to Robert G. Strick, Trustee of the Robert B. Strick Revocable Trust dated April 17, 1995.

The Deed conveyed the following described property situated in the County Douglas, state of Nevada, bounded and described as follows:

Lot 31 in Block C as set forth on the Final Subdivision Map FSM #94-04-01 for SKYLINE RANCH PHASE I filed for record with the Douglas County Recorder on May 11, 2001 in Book 0501, of Official Records, Page 3298 as document No. 514006.

APN 1420-35-410-007

The Successor Trustee to serve as sole trustee in order of priority in the Trust Documents are Rubin R. Lopez, Carol Lee Lopez.

Dated: October 4, 2011

WILLIAM S. BERNHEIM

State of California
County of Solano

Subscribed and sworn to (or affirmed) before me on this

4th day of October, 2011, by

William S. Bernheim,

proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

Ruth R. Eason

Ruth R. Eason, Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF YOLO
WOODLAND, CALIFORNIA 95695

CERTIFICATE OF DEATH

3200957000240

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURE, WHITEOUTS OR ALTERATIONS VS-1 (REV 1/04)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) ROBERT		2 MIDDLE GRANDON		3 LAST (Family) STRICK	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mmm/dd/yyyy 05/14/1925		5 AGE Yrs. 83	
9 BIRTH STATE/FOREIGN COUNTRY NY		10 SOCIAL SECURITY NUMBER 5067		11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARITAL STATUS (at Time of Death) WIDOWED		7 DATE OF DEATH mmm/dd/yyyy 03/17/2009		8 HOUR (24 Hours) 0850	
13 EDUCATION - Highest Level/degree (see worksheet on back) HS GRADUATE		14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SALES		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ELECTRONICS		19 YEARS IN OCCUPATION 25	
20 DECEDENT'S RESIDENCE (Street and number or location) 2725 BLACKBURN DR					
21 CITY DAVIS		22 COUNTY/PROVINCE YOLO		23 ZIP CODE 95618	
24 YEARS IN COUNTY		25 STATE/FOREIGN COUNTRY CA			
26 INFORMANT'S NAME, RELATIONSHIP RUBEN LOPEZ, SON IN LAW			27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 2725 BLACKBURN DR, DAVIS, CA 95618		
28 NAME OF SURVIVING SPOUSE - FIRST		29 MIDDLE		30 LAST (Maiden Name)	
31 NAME OF FATHER - FIRST LEROY		32 MIDDLE		33 LAST STRICK	
34 BIRTH STATE NY		35 NAME OF MOTHER - FIRST DAISY		36 MIDDLE	
37 LAST (Maiden)		38 BIRTH STATE NY			
39 MIDDLE MAE		40 LAST (Maiden) CARTWRIGHT			
41 TYPE OF DISPOSITION(S) BURIAL		42 SIGNATURE OF EMBALMER JOYCE HUGHES		43 LICENSE NUMBER EMB8601	
44 NAME OF FUNERAL ESTABLISHMENT LIMA FAMILY ERICKSON MEMORIAL C		45 LICENSE NUMBER FD128		46 SIGNATURE OF LOCAL REGISTRAR JOSEPH P. ISER, MD, DRPH, MS	
47 DATE mmm/dd/yyyy 03/30/2009					
101 PLACE OF DEATH SIERRA HEALTH CARE CONVALESCENT HOSPITAL		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY YOLO		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 715 POLE LINE ROAD		106 CITY DAVIS	
107 CAUSE OF DEATH Enter the chain of events - diseases, injuries or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CEREBROVASCULAR ACCIDENT (B) UROSEPSIS (C) URINARY TRACT INFECTION NO CATHETER UNKNOWN ETIOLOGY (D) _____ Sequentially list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		108 DEATH REPORTED TO CORONER? REFERRAL NUMBER DYS 09-0209		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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 HYPERTENSION, CORONARY ARTERY DISEASE, HYPOTHYROIDISM					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
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 mmm/dd/yyyy 03/09/2009		115 SIGNATURE AND TITLE OF CERTIFIER MANUEL CARLOS DIAZ JR. D.O.		116 LICENSE NUMBER 20A7575	
117 DATE mmm/dd/yyyy 03/27/2009		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MANUEL CARLOS DIAZ JR. D.O. 7601 HOSPITAL DR #103, SACRAMENTO, CA 95823			
119 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		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE mmm/dd/yyyy	
122 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122 HOUR (24 Hours)			
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 mmm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E FAX AUTH. # CENSUS TRACT



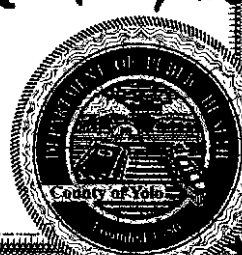
CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF YOLO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the YOLO COUNTY HEALTH DEPARTMENT.

DATE ISSUED **APR 03 2009**

BETTE G. HINTON, M.D.
LOCAL REGISTRAR

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



BK- 1011
PG- 1098
10/07/2011
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