



of Douglas, Nevada legally described as follows:

Lot 970, as shown on the map of Gardnerville Ranchos Unit No. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada on March 27, 1974, in Book 375, Pag 676, as file No. 72456.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

More commonly known as: 1481 Mary Jo, Gardnerville, Nevada

8. Titleholders of the foregoing property formerly were: **JAMES A. KALLAS and W. CHARLENE KALLAS, TRUSTEES OF THE REVOCABLE TRUST AGREEMENT DATED 1/8/82, OF WHICH JAMES A. KALLAS AND W. CHARLENE KALLAS ARE THE TRUSTORS AS TO AN UNDIVIDED 1/2 INTEREST**

9. Title shall now be held as: **W. CHARLENE KALLAS, TRUSTEE OF THE KALLAS FAMILY TRUST DATED JANUARY 8, 1982**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED: Feb 28, 2013

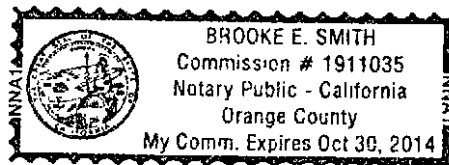
W. Charlene Kallas  
W. CHARLENE KALLAS, TRUSTEE

State of California )  
County of Orange )

Subscribed and sworn to (or affirmed) before me on this 28<sup>th</sup> day of Feb, 2013 by **W. CHARLENE KALLAS**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Seal

Signature Brooke E. Smith



**STATE OF CALIFORNIA**  
**CERTIFICATE OF VITAL RECORD**

**COUNTY OF ORANGE**  
**HEALTH CARE AGENCY**  
 1200 N. MAIN STREET, SUITE 100-A  
 SANTA ANA, CA 92701

3052012187031

**CERTIFICATE OF DEATH**

3201230014668

STATE FILE NUMBER		DATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		4. DATE OF BIRTH		6. SEX	
JAMES		02/23/1929		M	
2. MIDDLE		7. AGE Yrs.		8. HOUR (24 Hours)	
ALEX		83		1133	
9. ALSO KNOWN AS - Include MA AKA FIRST MIDDLE LAST					
JAMES ALEX KALLIAKOUDAS					
3. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
OH		9085		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. EDUCATION - Highest Level/Degree		13. MARITAL STATUS/SPOUSE (at time of death)		14. DATE OF DEATH	
BACHELOR		MARRIED		10/07/2012	
15. HIGHEST DEGREE		16. DECEASED'S RACE - Up to 3 races they do listed (see instructions on back)		17. YEARS IN OCCUPATION	
BACHELOR		CAUCASIAN		35	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)					
CHEMICAL ENGINEER ANALYTICAL TESTING					
19. DECEDENT'S RESIDENCE (Street and number, or location)					
2520 IRIS WAY					
20. CITY		21. COUNTY		22. STATE/FOREIGN COUNTRY	
LAGUNA BEACH		ORANGE		CA	
23. INFORMANT'S NAME, RELATIONSHIP					
CHARLENE KALLAS, WIFE					
24. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST		25. MIDDLE		26. LAST (BIRTH NAME)	
CHARLENE		WINIFRED		HIGGINS	
27. NAME OF FATHER/PARENT - FIRST		28. MIDDLE		29. LAST	
ALEX		ALEX		KALLIAKOUODAS	
30. NAME OF MOTHER/PARENT - FIRST		31. MIDDLE		32. LAST (BIRTH NAME)	
HELEN		HELEN		PARIANOY	
33. PLACE OF FINAL DISPOSITION		34. SIGNATURE OF LOCAL REGISTRAR		35. DATE	
RES OF CHARLENE KALLAS		ERIC G. HANDLER, M.D.		10/17/2012	
36. TYPE OF DISPOSITION					
C/R/S					
37. SIGNATURE OF LOCAL REGISTRAR					
ERIC G. HANDLER, M.D.					
38. DATE					
10/17/2012					
39. PLACE OF DEATH					
MISSION HOSPITAL REGIONAL MEDICAL CENTER					
40. COUNTY		41. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		42. CITY	
ORANGE		27700 MEDICAL CENTER RD		MISSION VIEJO	
43. CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
SEVERE ISCHEMIC CARDIOMYOPATHY					
44. UNDERLYING CAUSE (Underlying disease or injury that initiated the sequence resulting in death)					
NONE					
45. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Given in 43)					
NONE					
46. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 43 OR 44? (If yes, list type of operation and date)					
NO					
47. SIGNATURE AND TITLE OF CERTIFIER		48. LICENSE NUMBER		49. DATE	
FRANCISCO PEREZ M.D.		C53915		10/16/2012	
50. TYPE ATTENDING PHYSICIAN'S NAME, INCLUDING ADDRESS, ZIP CODE					
FRANCISCO PEREZ M.D.					
7 TECHNOLOGY DRIVE, IRVINE, CA 92618					
51. MANNER OF DEATH		52. INJURED AT WORK?		53. INJURY DATE	
<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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
54. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
55. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
56. LOCATION OF INJURY (Street and number, or location, and city and zip)					
57. SIGNATURE OF CORONER / DEPUTY CORONER		58. DATE		59. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

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 0820214 Page: 3 of 3 03/19/2013 09:26 AM



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
 COUNTY OF ORANGE } SS:

DATE ISSUED **OCT 26 2012**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

*Eric G. Handler H.O.*  
 ERIC G. HANDLER, M.D.  
 HEALTH OFFICER  
 ORANGE COUNTY, CALIFORNIA

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

