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Doc Number: **0823162**

05/08/2013 02:10 PM

OFFICIAL RECORDS

Requested By:
BY THE PEOPLE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00

Bk: 0513 Pg: 1886



Deputy: ar

RECORDING COVER PAGE

Must be typed or printed clearly in black ink only.

APN# 000-07-130-198

11 digit Assessor's Parcel Number may be obtained at:
<http://redrock.co.clark.nv.us/assrrealprop/owner.aspx>

TITLE OF DOCUMENT (DO NOT Abbreviate)

AFFIDAVIT- DEATH OF TRUSTEES

Title of the Document on cover page must be EXACTLY as it appears on the first page of the document to be recorded.

Recording requested by:

WILLIAM BRADLEY FORD

Return to:

✓ **Name** WILLIAM BRADLEY FORD

Address 4714 SUMMIT AVENUE

City/State/Zip SIMI VALLEY, CA 93063

This page provides additional information required by NRS 111.312 Sections 1-2.

An additional recording fee of \$1.00 will apply.

To print this document properly—do not use page scaling.

P:\Recorder\FORMS 12_2010

18

RECORDING REQUESTED BY:
BY THE PEOPLE-SIMI
WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:
WILLIAM BRADLEY FORD
4714 Summit Avenue
Simi Valley, CA 93063
APN: 07-130-19-8

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT — DEATH OF TRUSTEES

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

WILLIAM BRADLEY FORD, of legal age, being first sworn, deposes and says:

That JOSEPH PETER BONDAR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOSEPH P. BONDAR, and that JOAN ALICE BONDAR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOAN A. BONDAR, both named as the parties in that certain Trust Transfer Deed, dated December 15, 2007, executed by JOSEPH P. BONDAR and JOAN A. BONDAR, Husband and Wife as Joint Tenants, to JOSEPH P. BONDAR and JOAN A. BONDAR, Trustees of the Bondar Family Trust, dated May 27, 2005, and recorded on March 11, 2009, in the Office of the Recorder of the County of Douglas, State of California, as Document No. 0739341 of Official Records, relating to the real property located in said County and more particularly described in the attached Exhibit "A".

Executed on February 5, 2013, in Ventura County, California.

William Bradley Ford
WILLIAM BRADLEY FORD, Successor
Trustee of the Bondar Family Trust

SUBSCRIBED AND SWORN TO (or affirmed)
before me on February 5, 2013, by WILLIAM BRADLEY FORD,
proved to me on the basis of satisfactory evidence to be the
person who appeared before me.

Marian Gorman
NOTARY PUBLIC



Attachment "A"

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property):

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 187 East, MDB&M, described as follows: Parcel 3, as shown on that amended parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in book 281 of Official Records at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278, of Official Records at page 591, Douglas County, Nevada, as Document No. 17578.

Excepting from the real property the exclusive right to use and occupy all of the Dwelling Units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto as hereafter referred to.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of said Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283, at page 1341 as Document No. 76233 of Official Records of the County of Douglas, State of Nevada and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at page 1021, Official Records of Douglas County, Nevada as Document No. 78917, and second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at page 1688, Douglas County, Nevada as Document No. 84425 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration"), during a "Use Period", within the high season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, rights-of-way of record.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

County of Ventura
VENTURA, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY IN ALL SPACES. CHECKBOXES OR ALTERATIONS
VS 1/19/97 MOD

3201156003849
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		3201156003849	
1. NAME OF DECEDENT- FIRST (Given)		2. MIDDLE	
JOSEPH		PETER	
3. LAST (Family)		BONDAR	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
03/25/1925		86	
6. UNDER ONE YEAR		7. F. UNDER 28 YEARS	
MORTE		Place	
8. SEX		M	
9. BIRTH STATE/FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES?	
NY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS/SHIP as time of death	
3556		WIDOWED	
13. EDUCATION - Highest Level/Degree (See worksheet on back)		14. DATE OF DEATH mm/dd/yyyy	
BACHELOR		10/21/2011	
15. HRS. WERE DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
CIVIL ENGINEER		CITY GOVERNMENT	
19. YEARS IN OCCUPATION		30	
20. DECEDENT'S RESIDENCE (Street and number, or location)			
4714 SUMMIT AVENUE			
21. CITY		22. COUNTY/PROVINCE	
SIMI VALLEY		VENTURA	
23. ZIP CODE		24. YEARS IN COUNTY	
93063		50	
25. STATE/FOREIGN COUNTRY		CA	
26. INFORMANT'S NAME, RELATIONSHIP			
WILLIAM BRAD FORD, SON IN LAW			
27. INFORMANT'S MAILING ADDRESS (Street and number, or location, or rural, county, city or town, state and zip)			
4714 SUMMIT AVENUE, SIMI VALLEY, CA 93063			
28. NAME OF SURVIVING SPOUSE/SURP- FIRST		29. MIDDLE	
THOMAS		BONDAR	
30. LAST (BIRTH NAME)		31. BIRTH STATE	
SEMACH		HUNGARY	
32. NAME OF FATHER/PARENT- FIRST		33. MIDDLE	
THOMAS		BONDAR	
34. LAST		35. BIRTH STATE	
IRENE		HUNGARY	
36. NAME OF MOTHER/PARENT- FIRST		37. MIDDLE	
IRENE		SEMACH	
38. LAST (BIRTH NAME)		39. BIRTH STATE	
SEMACH		HUNGARY	
40. DISPOSITION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION	
10/26/2011		ASSUMPTION CEMETERY	
42. PLACE OF BURIAL (Street and number, or location)			
1380 FITZGERALD ROAD, SIMI VALLEY, CA 93065			
43. TYPE OF DISPOSITIONS		44. SIGNATURE OF FUNERAL HOME	
BU		ERIC ROSE	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
ROSE FAMILY FUNERAL HOME		FD1780	
47. LICENSE NUMBER		48. SIGNATURE OF LOCAL REGISTRAR	
EMB8289		ROBERT M LEVIN, MD	
49. DATE mm/dd/yyyy		10/24/2011	
101. PLACE OF DEATH			
ALTA VISTA BOARD & CARE			
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
<input type="checkbox"/> P <input type="checkbox"/> SNIP <input type="checkbox"/> ODA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Outpatient Home <input checked="" type="checkbox"/> Other			
104. COUNTY		105. CITY	
VENTURA		SIMI VALLEY	
106. FACILITY ADDRESS OR LOCATION WHERE FOLLO (Street and number, or location)			
2624 RUDOLPH DRIVE			
107. CAUSE OF DEATH - Enter the chain of events - disease, injury, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular function failure, showing the etiology. DO NOT abbreviate.			
IMMEDIATE CAUSE (Final diagnosis or condition resulting in death)			
ACUTE RENAL FAILURE			
108. DEATH REFERRED TO CORONER?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
109. BIRTH STATE			
YRS			
110. BIRTH STATE			
YRS			
111. AUTOPSY PERFORMED?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. USED IN DETERMINING CAUSE?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
ATHEROSCLEROSIS, GASTROESOPHAGEAL REFLUX DISEASE, ANEMIA, HYPERTENSION, HYPERLIPIDEMIA			
114. WERE OPERATIONS PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date)			
NO			
115. IF FEMALE, PREGNANT (Last Year)			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		117. SIGNATURE AND TITLE OF CERTIFIER	
Deceased Attested Once		Deceased Last Seen Alive	
118. TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. LICENSE NUMBER	
SHAHID JAVED M.D.		A103689	
120. DATE mm/dd/yyyy		121. DATE mm/dd/yyyy	
09/09/2011		10/24/2011	
122. TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
SHAHID JAVED M.D.			
5601 DE SOTO AVENUE, WOODLAND HILLS, CA 91367			
123. I CERTIFY THAT IF ANY UNWITNESSED 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			
124. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
125. INJURY DATE mm/dd/yyyy			
126. HOURS (24 Hours)			
127. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
128. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
129. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
130. SIGNATURE OF CORONER / DEPUTY CORONER			
131. DATE mm/dd/yyyy			
132. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR			
FAX AUTH.#			
CENSUS TRACT			

BK 0519
PG 1889
5/8/2013
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF VENTURA

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department, if it bears the date of issue in red ink.



DATE ISSUED

10/27/2011

Robert M. Levin, MD
HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

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



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS YES / NO KEY 1994		3200919029705		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)			
JOAN		ALICE		BONDAR			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)							
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. UNDER ONE YEAR		7. UNDER 24 HOURS	
10/15/1937		71		Months Days Hours Minutes		8. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
NY		5083		YES NO UNK		MARRIED	
13. EDUCATION - Highest Level Degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		16. DATE OF DEATH mm/dd/yyyy	
SOME COLLEGE		YES		WHITE		07/23/2009	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
BOOKKEEPER		CHURCH		10			
20. DECEDENT'S RESIDENCE (Street and number or location)							
1423 MORENO DRIVE							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY	
SIMI VALLEY		VENTURA		93063		47	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP					
CA		JOSEPH P BONDAR, HUSBAND					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		1423 MORENO DRIVE, SIMI VALLEY, CA 93063					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)			
JOSEPH		P.		BONDAR			
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
GEORGE				GILBERTSON		NY	
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST (Maiden)		38. BIRTH STATE	
ALICE				GILHOOLEY		NY	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION					
07/27/2009		ASSUMPTION CEMETERY 1380 FITZGERALD ROAD, SIMI VALLEY, CA 93063					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER			
BURIAL		ANANTHARAMAN LOGANATHAN		EMB8672			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
ROSE FAMILY FUNERAL HOME AND CR		FD1760		JONATHAN FIELDING, MD		07/24/2009	
191. PLACE OF DEATH		192. IF HOSPITAL, SPECIFY DATE		193. IF OTHER THAN HOSPITAL, SPECIFY ONE			
KAISER FOUNDATION HOSPITAL		X		Home Hosp. Hosp. Home Hosp. Decedent's Home Other			
194. COUNTY		195. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		196. CITY			
LOS ANGELES		5601 DE SOTO AVENUE		WOODLAND HILLS			
197. CAUSE OF DEATH		198. DEATH REPORTED TO CORONER?		199. BIOPSY PERFORMED?			
IMMEDIATE CAUSE (First disease or condition resulting in death)		YES NO		YES NO			
SEPTIC SHOCK		X		X			
200. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		201. AUTOPSY PERFORMED?		202. USED IN DETERMINING CAUSE?			
CLOSTRIDIUM DIFFICILE COLITIS		YES NO		YES NO			
		YES NO		YES NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 197)		ACUTE RENAL FAILURE, END-STAGE EMPHYSEMA, CHRONIC RESPIRATORY FAILURE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
Decedent Attended Since Decedent Last Seen Alive		ALBERT Y LIM M.D.		G58089		07/23/2009	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		ALBERT Y LIM M.D. 5601 DE SOTO AVENUE, WOODLAND HILLS, CA 91367					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
MANNER OF DEATH: Natural Accident Homicide Suicide Pending Investigation Could not be determined		YES NO UNK					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, 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 6 7 4 4 2 1 *	

01/02/9/5
 069189
 BK PG 18/20
 5 10 5 6 6 1 2 9 1 5 2 8 0

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.

Jonathan Fielding MD
PA

DATE ISSUED **JUL 31 2009**

Director of Public Health and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

