

Doc Number: **0825644**

06/19/2013 10:11 AM

OFFICIAL RECORDS

Requested By  
OSHINS & ASSOCIATES, LLC

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00  
Bk: 0613 Pg: 5018



Deputy sg

APN: 42-010-40

CERTIFICATE OF INCUMBENCY

STATE OF California )  
 ) ss.:  
COUNTY OF Santa Clara )

DENNIS GEORGE WIZEMANN and DEBRA ANN CAMERON, being first duly sworn upon oath, depose and state that:

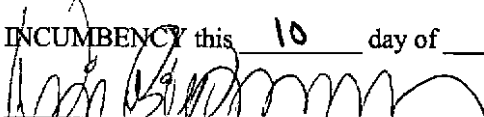
1. VERNON G. WIZEMANN and JO ANN WIZEMANN, as Settlers and initial Trustees, created the WIZEMANN FAMILY TRUST under an Agreement dated August 6, 1990, and amended on February 13, 2008 and July 24, 2012, respectively (the "Trust"). On July 24, 2012 VERNON G. WIZEMANN and JO ANN WIZEMANN resigned as Trustees and appointed DENNIS GEORGE WIZEMANN and DEBRA ANN CAMERON as Co-Trustees of the Trust. Said Trust provides that at the death of the first Settlor to die, it is divided into two sub-trusts: the "Survivor's Trust" and the "Disclaimer Trust."

2. VERNON G. WIZEMANN, one of the Settlers of the aforementioned trust has died and a certified Certificate of Death is attached hereto and made a part hereof by this reference.

3. DENNIS GEORGE WIZEMANN and DEBRA ANN CAMERON hereby file this Certificate to confirm their acceptance of the co-trusteeship of the WIZEMANN FAMILY TRUST and do hereby accept the co-trusteeship of the SURVIVOR'S TRUST UNDER THE WIZEMANN FAMILY TRUST a/k/a JO ANN WIZEMANN SURVIVOR'S TRUST and the DISCLAIMER TRUST UNDER THE WIZEMANN FAMILY TRUST a/k/a VERNON G. WIZEMANN DISCLAIMER TRUST.

4. The Trustee has, among other powers, the power to sell, exchange, lease and otherwise engage in transactions involving trust assets, as the Trustee deems appropriate. The Trustee has the power to make all types of investments without limitation.

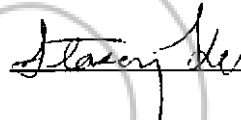
IN WITNESS WHEREOF, the Co-Trustee has hereunto set his hand to the CERTIFICATE OF INCUMBENCY this 10 day of June, 2013.

  
DENNIS GEORGE WIZEMANN

STATE OF California  
) ss.:  
COUNTY OF Santa Clara

Subscribed and sworn to before me on June 10, 2013 by DENNIS GEORGE WIZEMANN.



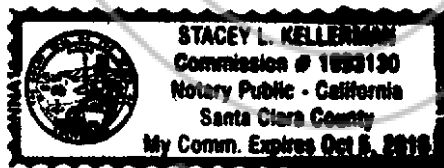
  
NOTARY PUBLIC

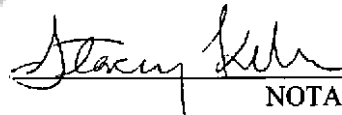
IN WITNESS WHEREOF, the Co-Trustee has hereunto set her hand to the CERTIFICATE OF INCUMBENCY this 10 day of June, 2013.

  
DEBRA ANN CAMERON

STATE OF California  
) ss.:  
COUNTY OF Santa Clara

Subscribed and sworn to before me on June 10, 2013 by DEBRA ANN CAMERON.



  
NOTARY PUBLIC

When recorded, return to:  
✓ JO ANN WIZEMANN SURVIVOR'S TRUST  
VERNON G. WIZEMANN DISCLAIMER TRUST  
Dennis George Wizemann & Debra Ann Cameron, Co-Trustees  
c/o Law Offices of Berge & Berge LLP  
1101 S. Winchester Blvd., Ste. I-208  
San Jose, CA 95128

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SAN LUIS OBISPO**  
SAN LUIS OBISPO, CALIFORNIA

**CERTIFICATE OF DEATH**

3201240001240

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given)		3. LAST (Family)	
VERNON		WIZEMANN	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
GEORGE		02/21/1920	
5. AGE Yrs.		6. SEX	
92		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
07/29/2012		0430	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
MO		6189	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/PROSP. (in final of death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION—Highest Level/Degree (See worksheet on back)		14. DECEDENT'S RACE—List to 3 choices only (See worksheet on back)	
HS GRADUATE <input checked="" type="checkbox"/> YES		CAUCASIAN	
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.)	
HIGH SCHOOL TEACHER		EDUCATION	
19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number, or location)	
30		631 EMAN COURT	
21. CITY		22. COUNTY/PROVINCE	
ARROYO GRANDE		SAN LUIS OBISPO	
23. ZIP CODE		24. YEARS IN COUNTY	
93420		61	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		DENNIS WIZEMANN, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route/post-office box or other, state and zip)		28. NAME OF SURVIVING SPOUSE/SPOE—FIRST	
2280 EXPOSITION DRIVE, SAN LUIS OBISPO, CA 93401		JOANN	
29. MIDDLE		30. LAST (BIRTH NAME)	
DOBBS		31. NAME OF FATHER/PARENT—FIRST	
32. MIDDLE		33. LAST	
JACOB		WIZEMANN	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT—FIRST	
MO		EMILY	
36. MIDDLE		37. LAST (BIRTH NAME)	
K.		WITZKA	
38. BIRTH STATE		39. DISPOSITION DATE mm/dd/yyyy	
MO		08/01/2012	
40. PLACE OF FINAL DISPOSITION (Street and number, or location)		41. TYPE OF DISPOSITION	
ARROYO GRANDE CEMETERY		CR/BU	
ARROYO GRANDE, CA 93420		42. SIGNATURE OF EMBALMER	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
FD465		LADY FAMILY MORTUARY	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD465		PENNY BORENSTEIN, MD	
47. DATE mm/dd/yyyy		48. PLACE OF DEATH	
08/01/2012		CASA ROSA CARE CENTER	
49. COUNTY		102. IF HOSPITAL, SPECIFY ONE	
SAN LUIS OBISPO		<input type="checkbox"/> P <input type="checkbox"/> ENCP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice	
100. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
2172 S. HALCYON RD		<input checked="" type="checkbox"/> Nursing Home/LTD <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
101. CITY		104. COUNTY	
ARROYO GRANDE		SAN LUIS OBISPO	
107. CAUSE OF DEATH		108. TIME (Interval) Between Onset and Death (h)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		3 DAYS	
W DEHYDRATION		109. BIRTH PERFORMED?	
CONGESTIVE HEART FAILURE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date	
MITRAL VALVE REGURGITATION, ATRIAL FIBRILLATION BRADYCARDIA		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. HUSBAND THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
<input type="checkbox"/> Decedent Attended Service <input type="checkbox"/> Decedent Last Seen Alive		STEVEN JOHN SAINSBURY M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER	
STEVEN JOHN SAINSBURY M.D.		G52428	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
STEVEN JOHN SAINSBURY M.D.		08/01/2012	
1383 ALDER STREET, SAN LUIS OBISPO, CA 93401		120. INJURED AT WORK?	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
05/22/2012		07/17/2012	
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	

EX 0613  
PG 5020  
6/19/2013

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STATE A B C D E FAX AUTH. I GENUS TRACT

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA } SS AUG 7 2012  
COUNTY SAN LUIS OBISPO } DATE ISSUED:

\*000321327\*

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

*Penny Borenstein*  
Dr. Penny Borenstein Health Officer

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

