

APN#: 1220-12-310-020

Recording Requested By:
Western Title Company, Inc.
Escrow No.: 062909-TEA

When Recorded Mail To:
Spencer White
2238 South Victoria
Ventuar, CA
93003



Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of any person or persons.
(Per NRS 440.380)(1)(5) & 40.525.(5)

Signature

Traci Adams

Escrow Officer

Afidavit Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)



APN: 1220-12-310-020
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Spencer White
2238 South Victoria
Ventura, CA 93003

SPACE ABOVE THIS LINE FOR RECORDER'S USE
AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA))
) SS.
COUNTY OF DOUGLAS)

Spencer White, Successor Trustees of legal age, being first duly sworn, deposes and says:

Scott William White, is the decedent mentioned in the attached certified copy of Certificate of Death, as **Ronald W. White** is the same person named as Trustee in that certain Declaration of Trust, executed by **Ronald W. White, Trustee, of the Ronald W. White Revocable/Amendable Living Trust, dated November 18, 1992, as amended and restated on July 27, 2006.**

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, **Ronald W. White, Trustee, under the terms of the Ronald W. White Restated Trust**, Grantor, Grants to **Ronald W. White, Trustee, of the Ronald W. White Revocable/Amendable Living Trust, dated November 18, 1992, as amended and restated on July 27, 2006**, Grantee recorded on **December 3, 2007**, as Book **1207**, at Page **0079** of Instrument No. **0714116** in Official Records of Douglas County, Nevada, describing the following real property:

Assessor's Parcel Number(s):
1220-12-310-020

Commonly known as: **1071 Helman Drive, Gardnerville, NV 89410**



We are the Successor Co-Trustees of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated 3/17/14

Spencer White, Successor Trustee
~~Ronald W. White, Trustee~~, of the ~~Ronald W. White Revocable/Amendable Living~~
Trust, dated November 18, 1992, as amended and restated on July 27, 2006

~~Spencer White, Successor Trustee of the Ronald W. White Revocable/Amendable Living Trust, dated November 18, 1992, as amended on July 27, 2006~~

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 17th day of March, 2014 by Spencer White, Successor Trustee personally known to me or proved to me on the basis of satisfactory evidence to the person who appeared before me.

(seal)

Signature

Notary Public

CERTIFICATION OF VITAL RECORD

County of Ventura

VENTURA, CALIFORNIA



BK 314
PG-3392

839783 Page: 4 of 4 03/20/2014

CERTIFICATE OF DEATH

320115600860

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/09)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) SCOTT		2. MIDDLE WILLIAM		3. LAST (Family) WHITE	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) -		4. DATE OF BIRTH mm/dd/cy 11/16/1965		5. AGE Yrs. 45 IF UNDER ONE YEAR: Months Days IF UNDER 24 HOURS: Hours Minutes 6. SEX M	
6. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED] 6495		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/cy 02/23/2011		8. HOUR (24 Hours) FND 0704	
9. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES		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) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TILE SETTER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COUNTY GOVERNMENT		19. YEARS IN OCCUPATION 14	
20. DECEDENT'S RESIDENCE (Street and number, or location) 3365 GOODENOUGH RD.					
21. CITY FILLMORE		22. COUNTY/PROVINCE VENTURA		23. ZIP CODE 93015	
24. YEARS IN COUNTY 45		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP SPENCER WILLIAM WHITE, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3365 GOODENOUGH RD., FILLMORE, CA 93015			
28. NAME OF SURVIVING SPOUSE/SDP - FIRST LORI		29. MIDDLE ANN		30. LAST (BIRTH NAME) SEYMOUR	
31. NAME OF FATHER/PARENT - FIRST RONALD		32. MIDDLE W.		33. LAST WHITE	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST LUCILLE		36. MIDDLE -	
37. LAST (BIRTH NAME) ELLIOT		38. BIRTH STATE CA			
39. DISPOSITION DATE mm/dd/cy 03/04/2011		40. PLACE OF FINAL DISPOSITION RESIDENCE OF SPENCER WILLIAM WHITE 3365 GOODENOUGH RD., FILLMORE, CA 93015			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT GROMAN EDEN MORTUARY		45. LICENSE NUMBER FD1070		46. SIGNATURE OF LOCAL REGISTRAR ▶ ROBERT M LEVIN, MD	
47. DATE mm/dd/cy 03/03/2011					
101. PLACE OF DEATH FOUND AT RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY VENTURA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3365 GOODENOUGH RD.		106. CITY FILLMORE	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) PENDING TOXICOLOGY		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 showing the etiology. DO NOT ABBREVIATE.		108. DEATH REPORTED TO CORONER (Print and Date) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (A) 242-11	
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 (B) (C) (D)				(B) 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				(C) 110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				(D) 111. USED IN DETERMINING CAUSE? <input checked="" 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) -					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
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 Decedent Last Seen At (A) mm/dd/cy (B) mm/dd/cy		115. SIGNATURE AND TITLE OF CERTIFIER ▶		116. LICENSE NUMBER 117. DATE mm/dd/cy	
(A) mm/dd/cy (B) mm/dd/cy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
119. I CERTIFY THAT IN ANY OPORON 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 checked="" type="checkbox"/> 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 mm/dd/cy 122. HOUR (24 Hours)	
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 ▶ JANICE FRANK MD		127. DATE mm/dd/cy 02/23/2011		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JANICE FRANK MD, MEDICAL EXAMINER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	
				160001001717460	

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.



* 000910561 *

DATE ISSUED 03/10/2011

Robert M Levin, MD
HEALTH OFFICER

VENTURA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
PBNCO (REV) 02/10

