

Doc Number: **0844985**

06/20/2014 01:46 PM

OFFICIAL RECORDS

Requested By:
ALLING & JILLSON, LTD

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00

Bk: 0614 Pg: 5217



Deputy sg

APN: 1418-10-710-021 &
1418-10-710-022

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

✓ ALLING & JILLSON, LTD.
Post Office Box 3390
Lake Tahoe, NV 89449-3390

Pursuant to NRS 239B.030, We, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

AFFIDAVIT OF DEATH OF TRUSTEE

LUCY ANN HALL, ROBIN HALL LEASON, and LURLINE H. TWIST, of legal age, being first duly sworn, depose and say:

1. ROSAMOND UPSON HALL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as Trustee in the certain Declaration of Trustee dated April 25, 1991 executed by ROSAMOND UPSON HALL as Trustor.

2. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on August 18, 2010, in Book 810, Page 3985, Document No. 768841 in the official records of Douglas County, Nevada, covering the following described properties situated in the said County, State of Nevada:

A.P.N.: 1418-10-710-022

Parcel No. 1: Lot 30 in block A as shown on the Amended Map of GLENBROOK, Unit No. 2, filed in the office of the Recorder of Douglas County, Nevada on October 13, 1978

Parcel No. 2: The exclusive right to use for garage purposes that parcel designated as "G.E." 30, in Block A, as shown on the Amended Map of GLENBROOK UNIT No. 2, filed in the office of the Recorder of Douglas County, Nevada on October 13, 1978

A.P.N.: 1418-10-710-021

Parcel No. 1: Lot 29 in Block A as shown on the Amended Map of GLENBROOK, Unit No. 2, filed in the office of the Recorder of Douglas County, Nevada on October 13, 1978

Parcel No.2: The exclusive right to use for garage purposes that parcel designated as "G.E."29, in Block A, as shown on the Amended Map of GLENBROOK Unit No. 2, filed in the office of the Recorder of Douglas County, Nevada on October 13, 1978

3. We are the successor 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 Trustees thereof.

TOGETHER WITH the tenements, hereditaments and appurtenances belonging thereto or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD said premises, with the appurtenances, unto said Grantee and Grantee's heirs and assigns forever.

DATED this 6th day of June 2014.

Lucy Ann Hall
LUCY ANN HALL, AS TRUSTEE OF THE ROSAMOND
UPSON HALL LIVING TRUST

STATE OF CALIFORNIA)
) ss.
COUNTY OF ORANGE)

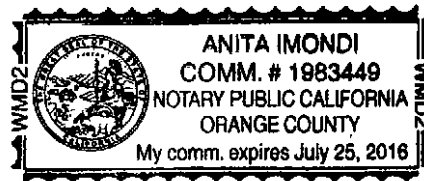
On JUNE 11, 2014 before me, ANITA IMONDI, Notary Public
(insert name and title of the officer)

personally appeared LUCY ANN HALL, TRUSTEE, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Anita Imondi (Seal)



Lurline H Twist
LURLINE H. TWIST, AS TRUSTEE OF THE ROSAMOND
UPSON HALL LIVING TRUST

STATE OF CALIFORNIA)
) ss.
COUNTY OF ORANGE)

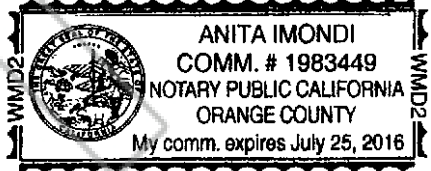
On JUNE 9, 2014 before me, ANITA IMONDI, Notary Public
(insert name and title of the officer)

personally appeared LURLINE H. TWIST, TRUSTEE, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Anita Imondi (Seal)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

3052010186948

CERTIFICATE OF DEATH

3201030014538

STATE FILE NUMBER		CERTIFICATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Last name)		2. MIDDLE		3. LAST (Family)	
ROSAMOND		UPSON		HALL	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs		6. UNDER ONE YEAR	
12/19/1919		90		Months Days Hours Minutes	
7. BIRTH STATE/FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER		9. SEX	
CA		[REDACTED]		F	
10. MARITAL STATUS (M/F) at time of Death		11. DATE OF DEATH mm/dd/yyyy		12. HOUR (M) (H)	
WIDOWED		11/02/2010		1722	
13. EDUCATION - Highest Level (Degree) (see instructions on back)		14. HAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see remarks on back		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
BACHELOR		[X] YES		CAUCASIAN	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		18. YEARS IN OCCUPATION	
FARMER		AGRICULTURE		70	
19. DECEDENT'S RESIDENCE (Street and number, or location)					
1221 COAST HIGHWAY APT 119					
20. CITY		21. COUNTY/PROVINCE		22. ZIP CODE	
NEWPORT BEACH		ORANGE		92660	
23. YEARS IN COUNTY		24. STATE/FOREIGN COUNTRY			
40		CA			
25. INFORMANT'S NAME, RELATIONSHIP					
ROBIN LEASON, DAUGHTER					
26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)					
PO BOX 2450, NEWPORT BEACH, CA 92668					
27. NAME OF SURVIVING SPOUSE/SPOUSE-IF-DECEASED		28. MIDDLE		29. LAST (BIRTH NAME)	
30. NAME OF FATHER/PARENT-FIRST		31. MIDDLE		32. LAST	
BURCHELL		WILLIAMS		UPSON	
33. NAME OF MOTHER/PARENT-FIRST		34. MIDDLE		35. LAST (BIRTH NAME)	
BLANCHE		AMELIA		THURMOND	
36. BIRTH STATE		37. BIRTH STATE			
CA		CA			
38. DEPOSITION DATE mm/dd/yyyy		39. PLACE OF FINAL DEPOSITION			
11/04/2010		CARPINTERIA CEMETERY 1501 CRAVENS LN, CARPINTERIA, CA 93013			
40. TYPE OF DEPOSITION(S)		41. SIGNATURE OF EMBALMER		42. LICENSE NUMBER	
CR/BU		NOT EMBALMED		FD1176	
43. NAME OF FUNERAL ESTABLISHMENT		44. SIGNATURE OF LOCAL REGISTRAR		45. DATE mm/dd/yyyy	
PACIFIC VIEW MORTUARY		ERIC G. HANDLER, M.D.		11/03/2010	
46. PLACE OF DEATH		47. IF HOSPITAL, SPECIFY ONE		48. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RESIDENCE		[X] P [] GENP [] ODA [] HOSP [] OTHER		[X] HOSPITAL [] HOME [] OTHER	
49. COUNTY		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		51. CITY	
ORANGE		1221 COAST HIGHWAY APT 119		NEWPORT BEACH	
52. CAUSE OF DEATH		53. TIME OF DEATH		54. SEX REPORTED TO CORONER	
SEVERE AUTONOMIC NEUROPATHY		MONS		[X] YES [] NO	
55. IMMEDIATE CAUSE (Type of illness or condition resulting in death)		56. MANNER OF DEATH		57. AUTOPSY PERFORMED?	
		[] NATURE [] ACCIDENT [] HOMICIDE [] SUICIDE [] HUNTERY INVESTIGATION [] CAUSE NOT BE DETERMINED		[X] YES [] NO	
58. SEVERABILITY, list conditions, if any, leading to cause of death UNDERLYING CAUSE (nature or injury that caused the illness or injury that resulted in death)		59. INJURED AT WORK?		60. USED IN DETERMINING CAUSE?	
NONE		[] YES [] NO		[] YES [] NO	
61. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 57		62. HAS OPERATION PERFORMED FOR ANY CONDITION BY ITEM 107 OR 108? If yes, list type of operation and date.		63. IF FEMALE, PREGNANT IN LAST YEAR?	
NONE		NO		[X] YES [] NO [] LINK	
64. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		65. SIGNATURE AND TITLE OF CERTIFIER		66. LICENSE NUMBER	
Decedent Attested Since: [] Decedent Last Seen Alive: []		RICK KENNEY, D.O.		20A7292	
67. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS AND PHONE		68. SIGNATURE OF LOCAL REGISTRAR		69. DATE mm/dd/yyyy	
RICK KENNEY D.O. 350 OLD NEWPORT BLVD, NEWPORT BEACH, CA 92663		ERIC G. HANDLER, M.D.		11/03/2010	
70. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		71. INJURED AT WORK?		72. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH: [] NATURE [] ACCIDENT [] HOMICIDE [] SUICIDE [] HUNTERY INVESTIGATION [] CAUSE NOT BE DETERMINED		[] YES [] NO		[] YES [] NO	
73. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		74. DATE mm/dd/yyyy		75. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
76. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		77. SIGNATURE OF CORONER / DEPUTY CORONER		78. DATE mm/dd/yyyy	
79. LOCATION OF INJURY (Street and number, or location and city, and zip)		79. SIGNATURE OF CORONER / DEPUTY CORONER		80. DATE mm/dd/yyyy	
81. STATE REGISTRAR		82. COUNTY OF ORANGE		83. FAX AUTH.#	
A B C D E		FAX AUTH.#		CENSUS TRACT	
		010001001627549			

BK 0614
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6/20/2014

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CERTIFIED COPY OF VITAL RECORDS

* 0 0 2 8 2 0 5 9 3 *

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED
NOV 10 2010

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.

