

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO

Elina K. Larsen, Esq.
LAW OFFICES OF YVONNE HSU
1170 Roosevelt
Irvine, California 92620



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

VICTORIA KEARNEY
7832 Toland Avenue
Los Angeles, California 90045

A.P.N. 1220-21-610-206

ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA,
COUNTY OF LOS ANGELES

VICTORIA JEANNE KEARNEY being of legal age, and being duly sworn, deposes and says:

1. That FRANCIS J. KEARNEY, the decedent mentioned in the attached certified copy of Certificate of Death, who died on December 28, 2006 in Los Angeles, California, is the same person as FRANCIS J. KEARNEY, named as Trustee in that Declaration of Trust dated June 21, 1988, executed by FRANCIS J. KEARNEY and VICTORIA J. KEARNEY, as Trustors.
2. At the time of the demise of the decedent, the decedent was the record owner, as Trustee, of real property described in a Deed which was recorded as Instrument Number 0606670 in Book 0304, Page 3673 on March 8, 2004 in Douglas County, Nevada. The legal description is as follows:

LOT 386, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 6 FILED FOR RECORD ON MAY 29, 1973, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 66512, AND ON REOCD OF SURVEY RECORDED ON OCTOBER 1, 1982, IN BOOK 1082, OF OFFICIAL RECORDS AT PAGE 006, AS DOCUMENT NO. 71399.

3. I, VICTORIA JEANNE. KEARNEY, am the Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the decedent mentioned in paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.

4. There is no federal estate tax due as the result of the death of the decedent mentioned in paragraph 1 above.

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

Dated: 4-20-15

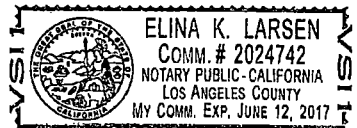

VICTORIA JEANNE KEARNEY
Surviving Trustee, KEARNEY TRUST

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES)

Subscribed and sworn to (or affirmed) before me on this 20th day of April, 2015, by VICTORIA JEANNE KEARNEY, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature  (Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

3 2006 19 054641

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) FRANCIS		2 MIDDLE JOSEPH	
3 LAST (Family) KEARNEY		4 DATE OF BIRTH mm/dd/ccyy 09/19/1933	
5 AGE Yrs 73		6 SEX M	
9 BIRTH STATE/FOREIGN COUNTRY NEW YORK		10 SOCIAL SECURITY NUMBER ████████-4396	
11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS/SFDP* at Time of Death MARRIED	
13 EDUCATION - Highest Level/Degree (See worksheet on back) SOME COLLEGE		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 OPERATIONS AGENT	
18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AIRLINES		19 YEARS IN OCCUPATION 29	
20 DECEDENT'S RESIDENCE (Street and number, or location) 7832 TOLAND AVE.			
21 CITY LOS ANGELES		22 COUNTY/PROVINCE LOS ANGELES	
23 ZIP CODE 90045		24 YEARS IN COUNTY 34	
25 STATE/FOREIGN COUNTRY CALIFORNIA		26 INFORMANT'S NAME, RELATIONSHIP VICKY KEARNEY - WIFE	
27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 7832 TOLAND AVE. LOS ANGELES CA, 90045		28 NAME OF SURVIVING SPOUSE/SRDP - FIRST VICKY	
29 MIDDLE J		30 LAST (BIRTH NAME) DISTEFANO	
31 NAME OF FATHER/PARENT - FIRST THOMAS		32 MIDDLE -	
33 LAST KEARNEY		34 BIRTH STATE NY	
35 NAME OF MOTHER/PARENT - FIRST HELEN		36 MIDDLE -	
37 LAST (BIRTH NAME) SEAMAN		38 BIRTH STATE NY	
39 DISPOSITION DATE mm/dd/ccyy 01/05/2007		40 PLACE OF FINAL DISPOSITION RES: VICKY KEARNEY 7832 TOLAND AVE. LOS ANGELES CA, 90045	
41 TYPE OF DISPOSITION(S) CR/RES		42 SIGNATURE OF EMBALMER NOT EMBALMED	
43 LICENSE NUMBER -		44 NAME OF FUNERAL ESTABLISHMENT HOLY CROSS MORTUARY	
45 LICENSE NUMBER FD-1711		46 SIGNATURE OF LOCAL REGISTRAR <i>Jonathan E. Fielding</i>	
47 DATE mm/dd/ccyy 01/02/2007		48	
101 PLACE OF DEATH OWN RESIDENCE		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY LOS ANGELES		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 7832 TOLAND AVE.	
106 CITY LOS ANGELES		107 CAUSE OF DEATH 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 ventilator liberation without showing the etiology DO NOT ABBREVIATE	
IMMEDIATE CAUSE (A) (final disease or condition resulting in death) CHRONIC RENAL FAILURE		108 DEATH REPORTED TO CORONER? Time Interval Between Onset and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
(B) 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 ATHEROEMBOLIC RENAL DISEASE		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		111 LISED IN DETERMINING CAUSE? <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 CORONARY ARTERY DISEASE, AORTIC STENOSIS			
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) CORONARY ARTERY BYPASS 10/22/2003			
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 Alive		115 SIGNATURE AND TITLE OF CERTIFIER <i>Earl M Gordon MD</i>	
116 LICENSE NUMBER G35140		117 DATE mm/dd/ccyy 01/02/2007	
(A) mm/dd/ccyy 10/04/1994		(B) mm/dd/ccyy 12/19/2006	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE EARL M GORDON, MD, 2001 SANTA MONICA BLVD. SANTA MONICA, CA 90404			
119 I CERTIFY THAT IN MY OPINION 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 type="checkbox"/> Pending 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/ccyy			
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		127 DATE mm/dd/ccyy	
128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129	

STATE REGISTRAR A B C D E FAX AUTH.# 162-2353 * HD0597695*

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.
Jonathan E. Fielding MD 015 JAN 20 2007 DATE ISSUED

Director of Health Services and Registrar

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

