

APN# : 1420-34-810-030

071931-TEA

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

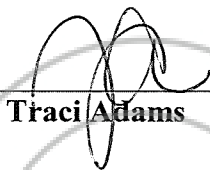
Barbara C. Rose

8214 East Sells Drive

Scottsdale, AZ 85251

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

Signature



Traci Adams

Escrow Officer

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT - DEATH OF TRUSTEE

Barbara C. Rose, of legal age, being first duly sworn, deposes and says:

That Ronald D. Rose, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ronald D. Rose named as one of the parties in that certain Grant, Bargain, Sale Deed dated 7/1/2005 executed by Ronald D. Rose and Barbara C. Rose, husband and wife to Ronlad D. Rose and Barbara C. Rose, Trustees, or their successors in trust, under the Rose Living Trust, dated October 4, 2004, recorded as instrument No. 0653824, on 8/31/2005, in Book0805, Page 15508, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 78 as shown on the map of SIERRA VIEW SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 18, 1960 in Book 2, Page 105 as Document No. 15897.

Dated

5/16/15

The Rose Living Trust

*Barbara C. Rose*

Barbara C. Rose, Successor Trustee

STATE OF Arizona }SS

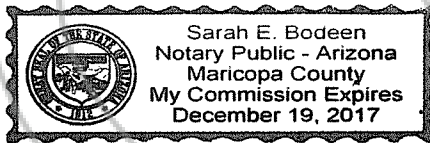
COUNTY OF Maricopa

This instrument was acknowledged before me on

05/16/2015, 2015

by Barbara C. Rose.

*Sarah E. Bodeen*  
Notary Public



# COUNTY OF ORANGE

## HEALTH CARE AGENCY

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

3052013057994

### CERTIFICATE OF DEATH

3201330004679

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
RONALD		DARRELL		ROSE	
4. DATE OF BIRTH mm/dd/yyyy					
03/07/1948		5. AGE Yrs.	6. SEX	7. DATE OF DEATH mm/dd/yyyy	8. HOUR 24 Hours
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SROP (in type of death)
KY		2140		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	MARRIED
13. EDUCATION - Highest Level/Degree (see worksheet on back)					
14/15. WAS 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)					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED					
ENGINEER				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
DEFENSE CONTRACTOR					30
20. DECEDENT'S RESIDENCE (Street and number, or location)					
8214 E. SELLS DRIVE					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	25. STATE/FOREIGN COUNTRY
SCOTTSDALE		MARICOPA		85251	AZ
26. INFORMANT'S NAME, RELATIONSHIP					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)					
BARBARA ROSE, WIFE					
28. NAME OF SURVIVING SPOUSE/SROP--FIRST					
BARBARA		29. MIDDLE		30. LAST (BIRTH NAME)	
CLAIRE		LANE			
31. NAME OF FATHER/PARENT--FIRST					
JOHNNIE		32. MIDDLE		33. LAST	
				ROSE	
34. BIRTH STATE					
KY					
35. NAME OF MOTHER/PARENT--FIRST					
ANNA		36. MIDDLE		37. LAST (BIRTH NAME)	
MARIE		QUINTON		38. BIRTH STATE	
KY					
39. DISPOSITION DATE mm/dd/yyyy					
03/23/2013		40. PLACE OF FINAL DISPOSITION			
		GREEN ACRES MORTUARY AND CEMETERY			
		401 N. HAYDEN RD., SCOTTSDALE, AZ 85257			
41. TYPE OF DISPOSITION(S)					
TR/BU		42. SIGNATURE OF EMBALMER			
		HELENA BRANDQUIST			
43. LICENSE NUMBER					
E9178					
44. NAME OF FUNERAL ESTABLISHMENT					
MCAULAY & WALLACE MORTUARY		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
		FD190		ERIC G. HANDLER, M.D.	
47. DATE mm/dd/yyyy					
03/21/2013					
101. PLACE OF DEATH					
ST JUDE MEDICAL CENTER					
102. IF HOSPITAL, SPECIFY ONE					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE					
104. CITY					
ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		FULLERTON	
		101 VALENCIA MESA DR.			
107. CAUSE OF DEATH					
108. TIME INTERVAL BETWEEN ONSET AND DEATH					
109. DEATH REPORTED TO CORONER?					
110. DEATH REPORTED TO CORONER?					
111. USED IN DETERMINING CAUSE?					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
MULTIPLE MYELOMA					
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 ABOVE FROM THE CAUSES STATED					
Decedent Attended Since		Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER	
03/16/2013		03/19/2013		FARHAN KHABAZ M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
FARHAN KHABAZ M.D.					
117. LICENSE NUMBER					
A69690					
118. DATE mm/dd/yyyy					
03/21/2013					
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)					
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.#	
				CENSUS TRACT	
				"010001002311868"	

CERTIFIED COPY OF VITAL RECORDS

\* 003260713 \*

STATE OF CALIFORNIA }  
COUNTY OF ORANGE } SS

DATE ISSUED: March 26, 2013

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.

