



KAREN ELLISON, RECORDER

18-

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA)
) ss
COUNTY OF ORANGE)

I, LINDA M. HESS, of legal age, being first duly sworn, deposes and says:

That JOANNE B. BURPO, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOANNE B. BURPO, the original Trustee of the JOANNE B. BURPO SEPARATE PROPERTY REVOCABLE TRUST dated November 21, 2000 and as set forth in that certain AFFIDAVIT - CHANGE OF TRUSTEE executed by LINDA M. HESS as the Successor Trustee of the JOANNE B. BURPO SEPARATE PROPERTY REVOCABLE TRUST dated November 21, 2000, recorded on January 28, 2015 as Document Number 0837429, Official Records of DOUGLAS County, NEVADA, covering the following described property situated in the said County, State of NEVADA:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE

Date: 6-26-15

Linda M Hess

LINDA M. HESS

Recording Requested By:
And When Recorded Mail To:
MARTORANA & BEVIER
A Professional Law Corporation
2479 Sunrise Blvd., Gold River, CA 95670

Mail Tax Statements To:
LINDA M. HESS
P.O. Box 6951
Laguna Niguel, CA 92607

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.

CERTIFICATE

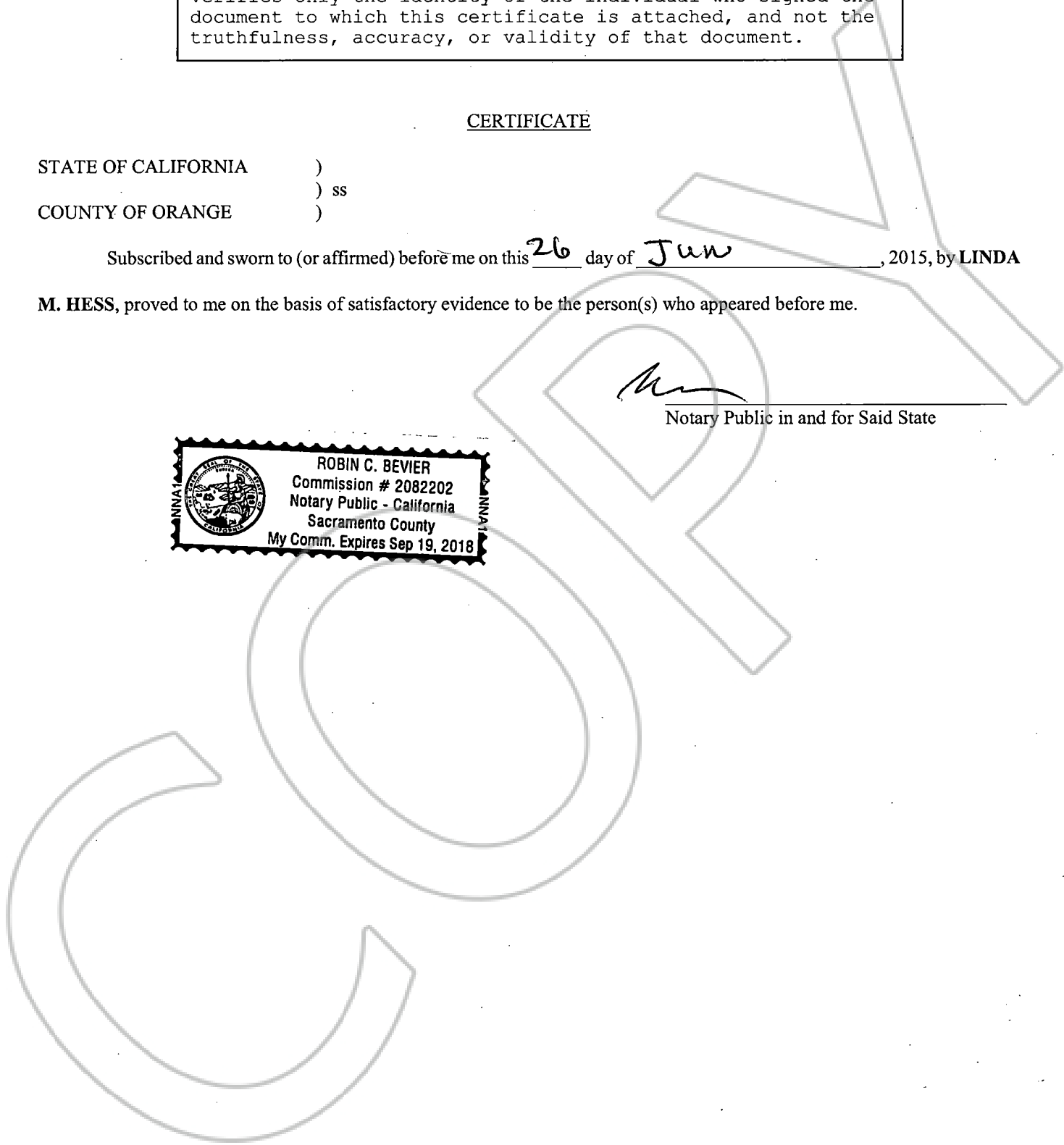
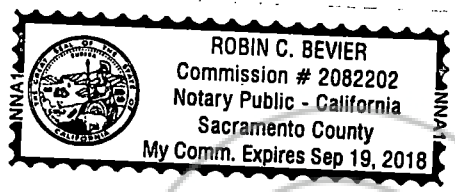
STATE OF CALIFORNIA)
) ss
COUNTY OF ORANGE)

Subscribed and sworn to (or affirmed) before me on this 26 day of Jun, 2015, by **LINDA**

M. HESS, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Notary Public in and for Said State



VERIFICATION (UNSWORN STATEMENT - CODE OF CIVIL PROCEDURE 2015.5)

I declare under penalty of perjury under the laws of the State of California [that I am the declarant in the foregoing notice,] that I have read the foregoing notice and know the contents thereof, and that the facts stated therein are true.

Dated: 6-26-15

Signed: Linda M. Hess
LINDA M. HESS

C O R P

EXHIBIT "A"

The real property located in the County of DOUGLAS, in the State of NEVADA, more particularly described as follows:

COMMENCING at the point on the West side of the highway right-of-way line created by the deed recorded in Book "U" of Deeds, Page 110, Douglas County, Nevada Records, said point being described as bearing South 60 degrees 13 minutes 00 seconds West a distance of 127.20 feet from the section corner common to Sections 22, 23, 26 and 27 in Township 13 North Range 10 East MBD&M; thence North 61 degrees 00 minutes 00 seconds West a distance of 350.00 feet; thence North 18 degrees 24 minutes 08 seconds East a distance of 198.04 feet; thence South 61 degrees 00 minutes 00 seconds East a distance of 175.68 feet to the point of beginning; thence continuing South 61 degrees 00 minutes 00 seconds East a distance of 200 feet to the point on the West side of the highway right-of-way line; thence, Southerly curving to the right along the Westerly side of said highway right-of-way line with a radius of 2460 feet an arc distance of 87.5 feet to a point; thence North 61 degrees 00 minutes 00 seconds West a distance of 186.1 feet; thence North 18 degrees 24 minutes 08 seconds East a distance of 12.73 feet; thence North 61 degrees 00 minutes 00 seconds West a distance of 12.36 feet; thence North 24 degrees 26 minutes 47 seconds West a distance of 75.00 feet, more or less, to the point of beginning.

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

APN: 1318-22-002-013

PER NRS 111.312, this legal description was previously recorded as Document Number 0837430 on 01/28/2014.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY
 1200 N. MAIN STREET, SUITE 100-A
 SANTA ANA, CA 92701

3052014147064 **CERTIFICATE OF DEATH** 3201430011418
STATE FILE NUMBER DATE OF CALIFORNIA DEATH LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (GIVEN)		2. MIDDLE		3. LAST (Family)	
JOANNE		B.		BURPO	
4. DATE OF BIRTH		5. AGE Yrs.		6. SEX	
10/16/1935		78		F	
7. DATE OF DEATH		8. HOUR		9. MINUTE	
08/05/2014		1300			
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (SD/P) (at time of death)	
7678		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		WIDOWED	
13. EDUCATION - Highest Level (degree or certificate) (see instructions on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worked on back)		15. DECEDENT'S RACE - Up to 3 races may be listed (see worked on back)	
SOME COLLEGE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		WHITE	
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.)		19. YEARS IN OCCUPATION	
INTERIOR DESIGNER		INTERIOR DESIGN		40	
20. DECEDENT'S RESIDENCE (Street and number or location)					
32170 NIGUEL ROAD #224					
21. CITY		22. COUNTY (PROVINCE)		23. ZIP CODE	
LAGUNA NIGUEL		ORANGE		92677	
24. YEARS IN COUNTY		25. STATE (OR) (GAIN) COUNTRY			
0		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
LINDA HESS, DAUGHTER					
27. INFORMANT'S HOME ADDRESS (Street and number, or rural route, city or town, state, and zip)					
P.O. BOX 6951, LAGUNA NIGUEL, CA 92607-6951					
28. NAME OF SURVIVING SPOUSE (SD/P) - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
ANDREW		WILLIAM		BARNHOUSE SR	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. LAST (BIRTH NAME)	
MO		CAROL		BOWEN	
37. BIRTH STATE		38. LAST (BIRTH NAME)		39. BIRTH STATE	
		LIVINGSTON		CANADA	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION			
AT SEA OFF THE COAST OF MARIN COUNTY, CA		CR/SEA			
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER		44. DATE	
NOT EMBALMED				08/12/2014	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE	
FD1293		ERIC G. HANDLER, M.D.		08/08/2014	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
AEGIS OF LAGUNA NIGUEL		IP <input type="checkbox"/> ERG <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice Home <input type="checkbox"/> Other <input checked="" type="checkbox"/>			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION (where found) (Street and number, or location)		106. CITY	
ORANGE		32170 NIGUEL ROAD #224		LAGUNA NIGUEL	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER		109. YEARS	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		14:03073-BB	
SENILE DEMENTIA					
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NONE					
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 FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
11/14/2013 07/10/2014		RAEF EL SANADI MD		A53042	
117. DATE		118. TYPE OF ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE	
08/08/2014		RAEF EL SANADI MD 27800 MEDICAL CENTER ROAD #212, MISSION VIEJO, CA 92691		08/08/2014	
120. INJURED AT WORK?		121. INJURY DATE		122. HOUR (24 Hours)	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Event 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					
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR A B C D E FAX AUTH. CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA
 COUNTY OF ORANGE

DATE ISSUED: August 14, 2014

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, M.D.
 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.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE