

**RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:**

✓ BEVERLY R. TIAGA  
343 NORTH OAK TREE DRIVE  
GLEN DORA, CA 91741



KAREN ELLISON, RECORDER

**AFFIDAVIT OF DEATH OF TRUSTEE**

STATE OF NEVADA, County of Douglas :

BEVERLY R. TIAGA, of legal age, being duly sworn, says:

On March 30, 1988, BERT BRUGGEMAN and RUTH V. BRUGGEMAN, as trustors, by a Trust Declaration, created the BRUGGEMAN TRUST;

On March 25, 2004, the said trustors executed a Quitclaim Deed conveying to BERT BRUGGEMAN and RUTH V. BRUGGEMAN, as Trustees of the said Trust, the hereinafter described real property;

On June 13, 2003, BERT BRUGGEMAN, one of the said Trustees, the same person as the decedent mentioned in the certified copy of Certificate of Death attached hereto, died. On October 26, 2011, RUTH V. BRUGGEMAN, the other said Trustee, the same person as the decedent mentioned in the certified copy of Certificate of Death, attached hereto, died;

The said Trust Declaration provides that BEVERLY R. TIAGA thereupon became the Trustee of the said Trust, and having accepted the office of Trustee, is now qualified and acting Trustee of the said Trust;

The property hereinabove mentioned, commonly known as 309 Chimney Rock, Stateline, NV, is legally described as follows:

Lot 9 in Block C, as shown on the map of Terrace View Heights, filed in the office of the County Recorder of Douglas County, Nevada, on August 10, 1964 as Document No. 25806.

EXCEPTING THEREFROM all minerals lying below a depth of 500 feet, but without the right of surface entry to take, market, mine, explore or drill for the same as reserved by Mary Hansen in deed recorded April 4, 1963, as Document No. 22159, Official Records of Douglas County, Nevada, Page 548

A.P.N. 1318-23-510-019

Dated: MAR 25 2014

*Beverly R. Tiaga, Trustee*  
BEVERLY R. TIAGA, Trustee

STATE OF CALIFORNIA                    )  
  )  
COUNTY OF LOS ANGELES            )    ss

Subscribed and sworn to (or affirmed) before me on this 25<sup>th</sup> day of march, 2014, by BEVERLY R. TIAGA, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

*Shelley Roos*  
Notary Public

[Notary seal]



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH**

3052011196180

**CERTIFICATE OF DEATH**

3201119044499

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/06)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)			
RUTH		VIRGINIA		BRUGGEMAN			
4. DATE OF BIRTH mm/dd/yyyy 12/24/1917							
5. AGE Yrs.		6. UNDER ONE YEAR		7. UNDER 24 HOURS		8. SEX	
93		Months Days		Hours Minutes		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER BY U.S. ARMED FORCES?		12. MARITAL STATUS/RDP (at time of death)	
CA		-3725		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. EDUCATION - Highest Level/Degree (see work sheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see work sheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see work sheet on back)		18. YEARS IN OCCUPATION	
SOME COLLEGE <input type="checkbox"/> YES		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE		63	
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	
HOMEMAKER				OWN HOME			
20. DECEDENT'S RESIDENCE (Street and number, or location) 343 NORTH OAK TREE DRIVE							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		25. STATE/FOREIGN COUNTRY	
GLENDDORA		LOS ANGELES		91741		CA	
26. INFORMANT'S NAME, RELATIONSHIP				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
BEVERLY TIAGA, DAUGHTER				343 NORTH OAK TREE DRIVE, GLENDDORA, CA 91741			
28. NAME OF SURVIVING SPOUSE/SPOP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)		34. BIRTH STATE	
JOHN		WILLIAM		BOWLAND		OH	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE	
ANNIE		LAURA		MOODY		CA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION					
11/09/2011		WOODLAWN CEMETERY 1847 14TH STREET, SANTA MONICA, CA 90404					
41. TYPE OF DISPOSITION(s)		42. SIGNATURE OF EMBALMER				43. LICENSE NUMBER	
BU		NOT EMBALMED					
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
OAKDALE MORTUARY		FD1127		JONATHAN FIELDING, MD		11/03/2011	
48. PLACE OF DEATH							
EL DESCANSO RETIREMENT HOME							
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)				106. CITY	
LOS ANGELES		21020 EAST CIENEGA AVENUE				COVINA	
107. CAUSE OF DEATH							
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
A) CARDIOVASCULAR FAILURE							
B) END STAGE SENILE DEMENTIA							
108. DEATH REPORTED TO CORONER?							
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
109. BLOODY PERFORMED?							
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
110. AUTOPSY PERFORMED?							
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
111. USED IN DETERMINING CAUSE?							
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							
113A. IF FEMALE, PREGNANT IN LAST YEAR?							
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>							
114. 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		117. DATE mm/dd/yyyy	
Decedent Assessed Since		Disappeared Last Seen At		STEVEN A FLOUM, M.D.		A71-104 11/03/2011	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
04/26/2011		10/26/2011		STEVEN A FLOUM, M.D. 1343 NORTH GRAND AVENUE #100, COVINA, CA 91724			
119. IDENTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.							
MANNER OF DEATH		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
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	

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

*Jonathan E. Fielding* MD  
 DO 12  
 Director of Public Health and Registrar

DATE ISSUED

NOV 16 2011



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 1/03)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>BERT</b>		3. LAST (Family) <b>BRUGGEMAN</b>	
2. MIDDLE <b>CHARLES</b>		4. DATE OF BIRTH mm/dd/yyyy <b>02/16/1914</b>	
AKA, ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)		6. AGE Yrs. <b>89</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>NEW JERSEY</b>		10. SOCIAL SECURITY NUMBER <b>-1841</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at time of death) <b>MARRIED</b>	
13. EDUCATION - Highest Level Degree (see worksheet on back) <b>14</b>		7. DATE OF DEATH mm/dd/yyyy <b>06/13/2003</b>	
14/15. WAS DECEDENT SPANISH/SPANIC/LATINO? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. HOUR (24 Hours) <b>1724</b>	
16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>		17. USUAL OCCUPATION -- Type of work for most of life; DO NOT USE RETIRED <b>BUILDING / MAINTANANCE</b>	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>SWIMMING POOLS</b>		19. YEARS IN OCCUPATION <b>40</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>343 N. OAKTREE DR.</b>			
21. CITY <b>GLENORA</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>	
23. ZIP CODE <b>91741</b>		24. YEARS IN COUNTY <b>50</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>BEVERLY TIAGA - DAUGHTER</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>343 N. OAKTREE DR., GLENORA, CA 91741</b>		28. NAME OF SURVIVING SPOUSE -- FIRST <b>RUTH</b>	
29. MIDDLE <b>VIRGINIA</b>		30. LAST ( Maiden Name) <b>BOWLAND</b>	
31. NAME OF FATHER -- FIRST <b>OSCAR</b>		32. MIDDLE <b>CHARLES</b>	
33. LAST <b>BRUGGEMAN</b>		34. BIRTH STATE <b>BELGIUM</b>	
35. NAME OF MOTHER -- FIRST <b>BERTHA</b>		36. MIDDLE <b>WOODCOCK</b>	
37. LAST ( Maiden) <b>WOODCOCK</b>		38. BIRTH STATE <b>NEW JERSEY</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>06/19/2003</b>		40. PLACE OF FINAL DISPOSITION <b>WOODLAWN CEMETERY 1847 14th ST., SANTA MONICA, CA 90404</b>	
41. TYPE OF DISPOSITION(S) <b>BURIAL</b>		42. SIGNATURE OF EMBALMER <i>Ruthie Dominguez</i>	
43. LICENSE NUMBER <b>8478</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>OAKDALE MORTUARY</b>	
45. LICENSE NUMBER <b>FD-1127</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Thomas W. ...</i>	
47. DATE mm/dd/yyyy <b>06/18/2003</b>		101. PLACE OF DEATH <b>RESIDENCE</b>	
102. COUNTY <b>LOS ANGELES</b>		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>5212 N. PECK RD.</b>	
104. CITY <b>EL MONTE</b>		105. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice	
106. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		107. CAUSE OF DEATH Enter this 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 stating the etiology. DO NOT ABBREVIATE. <b>CARDIOVASCULAR ARREST</b>	
108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>5 MINS</b>		109. DEATH REPORTED TO CORONER? (B) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>2003-54520</b>	
110. BIOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>CEREBRAL VASCULAR ACCIDENT</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent: <b>Attended Since</b> Decedent Last Seen Alive: <b>02/01/2001</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Cynthia Stuart M.D.</i>	
116. LICENSE NUMBER <b>A41013</b>		117. DATE mm/dd/yyyy <b>06/17/2003</b>	
118. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS, ZIP CODE <b>CYNTHIA STUART M.D. 440 W. FOOTHILL BLVD., GLENORA, CA 91741</b>			
119. I CERTIFY THAT IF 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/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		FAX AUTH. # <b>447-6174</b>	
A B C D E		CENSUS TRACT	

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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.

DATE ISSUED

Director of Health Services and Registrar

*Thomas W. ...*

231 JUN 20 2003

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

