DOUGLAS COUNTY, NV Rec:\$17.00

Total:\$17.00 BEVERLY R. TIAGA

2015-866724 07/24/2015 09:39 AM

Pas=4

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

BEVERLY R. TIAGA 343 NORTH OAK TREE DRIVE GLENDORA, 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

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Dated: MAR 2 5 2014	BEVERLY R. TIAGA, Trustee
STATE OF CALIFORNIA COUNTY OF LOS ANGELES))) ss
Subscribed and sworn to (or affirmed) be 2014, by BEVERLY R. TIAGA, proved person who appeared before me.	pefore me on this <u>25th</u> day of <u>march</u> , day of <u>march</u> , day of <u>march</u> ,
Shelley Rovs Notary Public	[Notary seal]
	SHELLEY ROOS Commission # 1890644 Notary Public - California Los Angeles County My Comm. Expires May 23, 2014
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COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

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USUAL	20 DECEDENT'S RESIDENCE (Street and number, or location)			
	343 NORTH OAK TREE DRIVE	NITY/PROVINCE 133, ZIP CODE		
		ANGELES 91741	24. YEARS IN COUNTY 25. 5	7
INFOR-	28. INFORMANT'S NAME, FELATIONSHIP	27. INFORMERTS MAILING AD	TREE DRIVE, GLEND	ORA CA 91741
ŽŽ	BEVERLY TIAGA, DAUGHTER 28. NAME OF BURNNING SPOUSE/SPOP-FIRST	<u> </u>	AST (BRITH NAME)	
AND	and the second of conditions with the second	5	- in in its and	
ORM.	31. NAME OF FATHER/PARENT-FIRST	32. MUDDLE 23. L	AST	34. BRITH STATE
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PARE	ANNIE	74. 74.	OODY	CA
£ "	SE DEPOSITION DATE INVISIONINY 40. PLACE OF FINAL DISPOS	WOODLAWN CEMETERY	Na 9 3 - N	7
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FEG.	BU	NOT EMBALMED		
ONEA	44. NAME OF FUNERAL ESTABLISHMENT OAKDALE MORTUARY	45. LICENSE NUMBER 45. SIGNATURE OF L		11/03/2011
u.	101, PLACE OF DEATH		AN FIELDING, MD	11/03/2011
ĎΞ	EL DESCANSO RETIREMENT HOME		EPVOP DOA Hospica	Nursing Decident's Other Home
PACE		R LOCATION WHERE FOUND (Street and number, or location)		COVINA
	107. CAUSE OF DEATH Enum the chem of events — disk	ases, triples, or complications — that durably caused death, DO N	OT enue terminal events leach Tion	SE Internel Bathward 101, DEATH FEPORTED TO CORDINERT
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CAUS	residing in death) LAST	`		
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	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 10	OR 1127 (6 yee, flat type of operation and date.)	**************************************	112A IF FEMALE, PREGMANT IN LAST YEAR?
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NOL	AT THE HOUR DATE, AND PLACE STATED FROM THE CAUSES STATED.	STEVEN A FLOUM M.D.	H-3	71104 11/03/2011
TSICU	property bearing the second	TYPE ATTENDING PHYSICIAPE NAME, MAILING ADDRESS		
T.9		343 NORTH GRAND AVENUE #1	00, COVINA, CA 91724	1 <u></u>
	111. I CERTIFY, THAT IN IN Y CHIND HOAD HOCCURRED AT THE HOUR, DATE, A MANAGER OF DEATH NIGHT Accepted Homicide .	TO PLACE STATED FROM THE CAUSES STATED. 1: Suitclass Participy Could not be determined.	YES NO UNK 121.	DULURY DATE MICHOLOGY 122, HOUR Q4 Hours
)	123. PLACE OF INJURY (e.g., home, construction site, wooded area, et			· · · ·
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v. I				
STA	TE A B C D	E I (OLD MATERIAL PROPERTY E	INTERPRETATION OF THE PROPERTY	AUTH # CENSUS TRACT
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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.

Jong Man 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.



COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

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	STATE FILE NUMBER 1. NAME OF DECEDENT FIRST (Gwen)	OSE BLACK INK ON	LY / NO ERASURES, WHITEOU VS-11 (REV 1/03)	IS OR ALTERATIONS		LOCAL REGI	STRATION NU	WBER	÷
		2. NIDDLE	,	3. LAST (- 1 -	٦
DATA	BERT	CHARLES		BRU	GGEMAN			\ \	- 1
Ď	AKA, ALSO KNOWN AS: Include NO AKA (FIRST, MIDDLE, LAST)		4. DATI	OF BIRTH mm/dd/coyy	6. AGE Yrs.	IF UNDER CHE YEA	R IF UT	DER 24 HOURS 6. SEX	
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PS.	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY NUM		U.S. ARMED FORCES?	12. MARITAL STATUS	(al Time of Death)	7. DATE OF DEATH	mm/dd/ccyy	8. HOUR (24 Hours	(a)
S	NEW JERSEY -184:			MARRIED		06/13/	2003	1724	Ġ
E E	13. EDUCATION Hoves Level Degree 14/15. WAS DECEDENT SPANISHHI	SPANICALATINO? (If yes,	see worksheet on back.)	16. DECEDENT'S RACE	Up to 3 races	may be fisted (see wo	rksheet on back		
PECEDENTS	14 . (<u> </u>		Х мо	WHITE /		-		\	4
·	-17. USUAL OCCUPATION Type of work for most of Blo. DO NOT USE RE	NDUSTRY (e.g., grocery s	lore, road constru	ction, employment an	ency, etc.)	19. YEARS IN OCCUPAT	HON		
_	BUILDING / MAINTANANCE		SWIMMING 1	POOLS	The same	-		. 40	I
	20. DECEDENT'S RESIDENCE (Street and number or location)						1		
4 2	343 N. OAKTREE DR.	,					-	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	
USUAL		ITY/PROVINCE -	. 23. ZIF	CODE 24	YEARS IN COU	TY 25/STATE	OREIGN COUN	ITDV	_
∵, ₩		ANGELES	9:	741	50	7	CA		-
` 6 5	28. INFORMANT'S NAME, RELATIONSHIP		27. INFORMATTS I	AILING ADDRESS (Street	and number or ru	ral roule member city		7/P1 ==	<u>- =</u> .
INFOR.	BEVERLY TIAGA - DAUGHTER	_ 	343 N. C	OAKTREE DR.	, GLEN	DORA. CA	91741	=	
5	28, NAME OF SURVIVING SPOUSE FIRST	9. MIDDLE		30. LAST (Malden N		7 . 257	125	<u></u>	<u> </u>
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A N	OSCAR - ~	CHARLES	- (BRUGGEM	I A NI	1	- 1	- 34 BIRTH STATE	
SPOUSE AND INFORMA	35. NAME OF MOTHER FIRST	ia. MIDDLE	7	37. LAST (Maiden)	AN			BELGIUM 38. BIRTH STATE	
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72	39. DISPOSITION DATE mm/dd/ccyy 40. PLACE OF FINAL DISPOSITIO	N .		I WOODGOO		_/	4	NEW JERSI	EY.
FUNERAL DIRECTOR/ LOCAL REGISTRAR	06/19/2003 WOODLAWN CEME	TERY 1847	14th ST.	SANTA MONI	CA CA	40404	/	•	
GISI	41. TYPE OF DISPOSITION(S)		JRE OF EMBALMER	O.M.IM HOW	OA, OA	30404	1 40	LICENSE NUMBER	
A E	BURIAL	1, 7	Lalbern	e Domi	myre	b./			
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57	OAKDALE MORTUARY	FD-1		Thoma	istlytuh	male 43		6/18/2003	dell
	101. PLACE OF DEATH		776	HOSPITAL, SPECIFY OF		OTHER THAN HOSP		-,,,	——————————————————————————————————————
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	107. CAUSE OF DEATH Enter the chain of events disease	s, injules, or complication	s that directly caused de	ath. DO NOT enfer terrnin	al events such	Time Interval	76.	ATH REPORTED TO CORONE	E 192
107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter as cooling and entering the cooling of the disclopy. DO NOT ABBREV DIMENTALE CAUSE: (A) —						Croset and I	Death I	_	
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PHYSICIAN'S	IMAEDIATE CAUSE (W) [Find disease or condition resulting in death) [8] Sequencially, list conditions (B) Sequencially, list conditions (B) Republicating to cause on the A Enter (F) UNDERLYMAN CEREBRAL VASCULAR ACCIDENT 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN CEREBRAL VASCULAR ACCIDENT 113. WAS OPERATION PERFORUED FOR ANY CONDITION IN ITEM 107 OF NO 114. ICERITY THAT TO THE BEST OF MY KNOWLEDGE DEATH COLUMBED 115. SIN THE RULL, CALES AND PLACE STATED PROVIDED (B) 116. THE RULL, CALES AND PLACE STATED PROVIDE CAUSES STATED [W] 117. ICERTIFY THAT DI IN TOTHER DEATH OCCUPRED AT THE HOUR, DATE, AND PLACE MANNER OF DEATH IN SOUTH AND PLACE AND PLACE OF HELUSTY (B), home, construction at Its, mooded brea, etc.) 1124. DESCRIBE HOW BAUTRY OCCUPRED (Events which resulted in injury)	ULAR ARRES ROTIC HEAR OT RESULTING IN THE CAME AND TITLE OF THE ATTENDING PROPERTY IN THE CAUSE SUCCESS IN THE C	Peration and date.) CERTIFIER LAYS NAME, NAMENG AD LD. 440 W. F. S SIATED. Could not be determined	DRESS, ZIP CODE XVIHILL' BLVD. 120. INJURED AT V	A4101 , GLENI	TRIMER STATES OF THE PROPERTY	110. AIF FELIXIE 1172. DATE for 06/17 91741	307-54520 307-54520 IOPSY PERFORMED YES X IN IN IOPSY PERFORMED YES NO PREGUNTI BILAST YEAR? PREGUNTI BILAST YEAR? YES UNK PREGUNTI BILAST YEAR? YES UNK PREGUNTI BILAST YEAR?	10
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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.



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

