

APN#

1420-07-719-007

Recording Requested by:

Name: Jarice Howell

Address: 38404 Gazelle Circle

City/State/Zip: Palmdale CA 93551

Order Number: 151500748 RJ

Affidavit of Death / Trustee (for Recorder's use only)  
(Title of Document)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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 as required by law: NRS 440380

(State specific law)

R. Howell Escrow  
Signature Title

R. Howell  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

WHEN RECORDED MAIL TO:  
**Janice Growell, Trustee of the Growell  
Family Trust of 1992  
38404 Gazania Circle  
Palm Desert, CA 92211**

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. N1500748RIT

APN No.: 1420-07-719-007

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of **Douglas** }

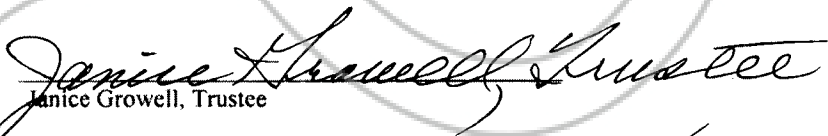
Janice Growell, being duly sworn, deposes and says:

1. Gordon Bruce Growell, the decedent mentioned in attached copy of Certificate of Death, is the same person as Gordon Growell named as one of the trustee(s) in that certain Grant Bargain and Sale Deed dated 7/2/07, executed by Gordon Growell and Janice Growell, Husband and Wife, to Gordon Growell and Janice Growell, Trustees of the Growell Family Trust of 1992, recorded on April 13, 2007 as instrument number 699080, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Janice Growell am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: July 23, 2015

  
Janice Growell, Trustee

STATE OF NEVADA }  
COUNTY OF **DOUGLAS** } SS:

This instrument was acknowledged before me on \_\_\_\_\_,  
by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

SEE ATTACHED CA FORM *111*

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

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 RIVERSIDE )

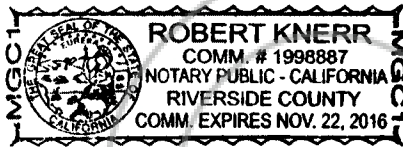
On JULY 27, 2015 before me, ROBERT KNERR, NOTARY PUBLIC,  
Date Here Insert Name and Title of the Officer

personally appeared JANICE GROWEL  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE Document Date: JULY 23, 2015  
Number of Pages: 1 Signer(s) Other Than Named Above: N/A

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: JANICE GROWEL  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_

Signer Is Representing: GROWEL FAMILY TRUST OF 1992

Signer Is Representing: \_\_\_\_\_

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

**COUNTY OF RIVERSIDE**

**RIVERSIDE, CALIFORNIA**  
**CERTIFICATE OF DEATH**

3200933011391

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)	
GORDON		BRUCE		GROWELL	
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)					
9. BIRTH STATE/FOREIGN COUNTRY		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
MI		10/22/1936		73	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
2411		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION — Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
BACHELOR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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, meat construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
INDEPENDENT SALESMAN		FASTENER MFG		35	
20. DECEDENT'S RESIDENCE (Street and number or location)					
38404 GAZANIA CIRCLE					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
PALM DESERT		RIVERSIDE		92211	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
5		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
JANICE A. GROWELL, WIFE			38404 GAZANIA CIRCLE, PALM DESERT, CA 92211		
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE		30. LAST (Maiden Name)	
JANICE		ANN		PUGHE	
31. NAME OF FATHER — FIRST		32. MIDDLE		33. LAST	
WAYNE				GROWELL	
34. BIRTH STATE		35. NAME OF MOTHER — FIRST		36. MIDDLE	
IN		LEONA		BYWATER	
37. LAST (Maiden)		38. BIRTH STATE			
IN					
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
11/23/2009		RES. JANICE A. GROWELL 38404 GAZANIA CIRCLE, PALM DESERT, CA 92211			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR.RES		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
AMERICAN CREMATION		FD1957		ERIC K. FRYKMAN, M.D.	
47. DATE mm/dd/yyyy					
11/23/2009					
101. PLACE OF DEATH		102. IF OTHER THAN HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
MANOR CARE - ODYSSEY		<input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
RIVERSIDE		74350 COUNTRY CLUB DR.		PALM DESERT	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?			
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 venipunctal fibrillation without showing the etiology. DO NOT ABBREVIATE.		Time Interval Between Onset and Death		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(A) CARDIOPULMONARY ARREST		(AT) MINS		109. BIOPSY PERFORMED?	
(B) RENAL FAILURE		(BT) DAYS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) SENILE DEMENTIA		(CT) YRS		110. AUTOPSY PERFORMED?	
(D)		(DT)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED 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					
NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)				113A. IF FEMALE, PREGNANT IN LAST YEAR?	
NO				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
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	
Decedent Attended Since		Decedent Last Seen Alive		A66357	
11/09/2009		11/16/2009		11/20/2009	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		117. DATE mm/dd/yyyy	
				118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
				RUPINDER KAUR MANN M.D. 71-777 SAN JACINTO DR. #102, RANCHO MIRAGE, CA 92270	
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	
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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		123. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
125. 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	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

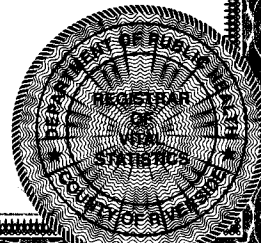
This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

**Dec 15, 2009**

Eric Frykman, M.D., Local Registrar  
RIVERSIDE COUNTY, CALIFORNIA

DATE ISSUED

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





COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3200933011391 LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

Table with 5 columns: 1A. NAME—FIRST, 1B. MIDDLE, 1C. LAST, 2. SEX, 3. DATE OF EVENT—MM/DD/CCYY, 4. CITY OF EVENT, 5. COUNTY OF EVENT

PART II STATEMENT OF CORRECTIONS

Table with 3 columns: 6. CERTIFICATE ITEM NUMBER, 7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD, 8. INFORMATION AS IT SHOULD APPEAR

OF 2

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER section with fields for signature, date, name, address, city, state, zip code, office, and registration date.

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS FORM VS 24A (REV. 1/08)

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

Dec 15, 2009

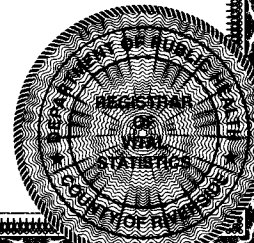
Eric Frykman, M.D., Local Registrar RIVERSIDE COUNTY, CALIFORNIA



000813536

DATE ISSUED

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



**EXHIBIT A**

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE CITY OF CARSON CITY, IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, AND IS DESCRIBED AS FOLLOWS:

Lot 7, in Block A, as shown on the map of CAMERON HEIGHTS, filed for record in the office of the Douglas County Recorder, State of Nevada, on January 10, 1989 in Book 189 at Page 966 as Document No. 194076, Official Records.

APN: 1420-07-719-007

