

APN # 1318-03-111-049

Escrow # 00214388

Recording Requested By:  
First Centennial Title Company  
1450 Ridgeview Dr. #100  
Reno, NV 89509

When Recorded Return to:  
Michael J. Kaufman  
16081 Valley Wood Road  
Sherman Oaks, CA 91403

Mail Tax Statements to:  
**Matthew Salas and Amy Salas**  
**189 Ray Way**  
**Zephyr Cove, NV 89448**

SPACE ABOVE FOR RECORDERS USE

**Affidavit - Death of Trustee**

(Title of Document)

**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: 440.380 (state specific law).

  
\_\_\_\_\_

Escrow Processor  
\_\_\_\_\_

SIGNATURE

TITLE

Kris Thorson  
\_\_\_\_\_

Print Signature

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

**This cover page must be typed or printed in black ink.**

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1318-03-111-049  
Escrow No. 00214388 - 016 -DR

When Recorded Return to:  
Michael J. Kaufman  
16081 Valley Wood Road  
Sherman Oaks, CA 91403

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF NEVADA  
COUNTY OF DOUGLAS


} ss:

Michael J. Kaufman, Successor Trustee, of legal age, being duly sworn, deposes and says

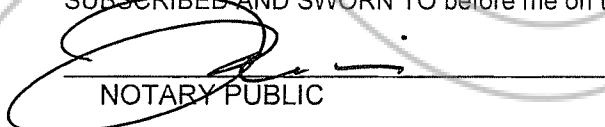
That Arnold R. Kaufman the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Arnold R. Kaufman named as one of the parties in that certain Quitclaim Deed dated 1-8-97 executed by Arnold R. Kaufman and Pauline L. Kaufman to Arnold R. Kaufman & Pauline L. Kaufman as trustees of the Kaufman Family Trust under declaration of Trust dated January 8, 1997, recorded as Instrument No. 406279, on 2-7-97 in Book 0297 Page 0870 of Official Records of Douglas County, Nevada, covering the following described property.

**See Exhibit A attached hereto and made a part hereof.**

Dated: 29 Sept 2015

  
Michael J. Kaufman

SUBSCRIBED AND SWORN TO before me on this 29th day of September 2015

  
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

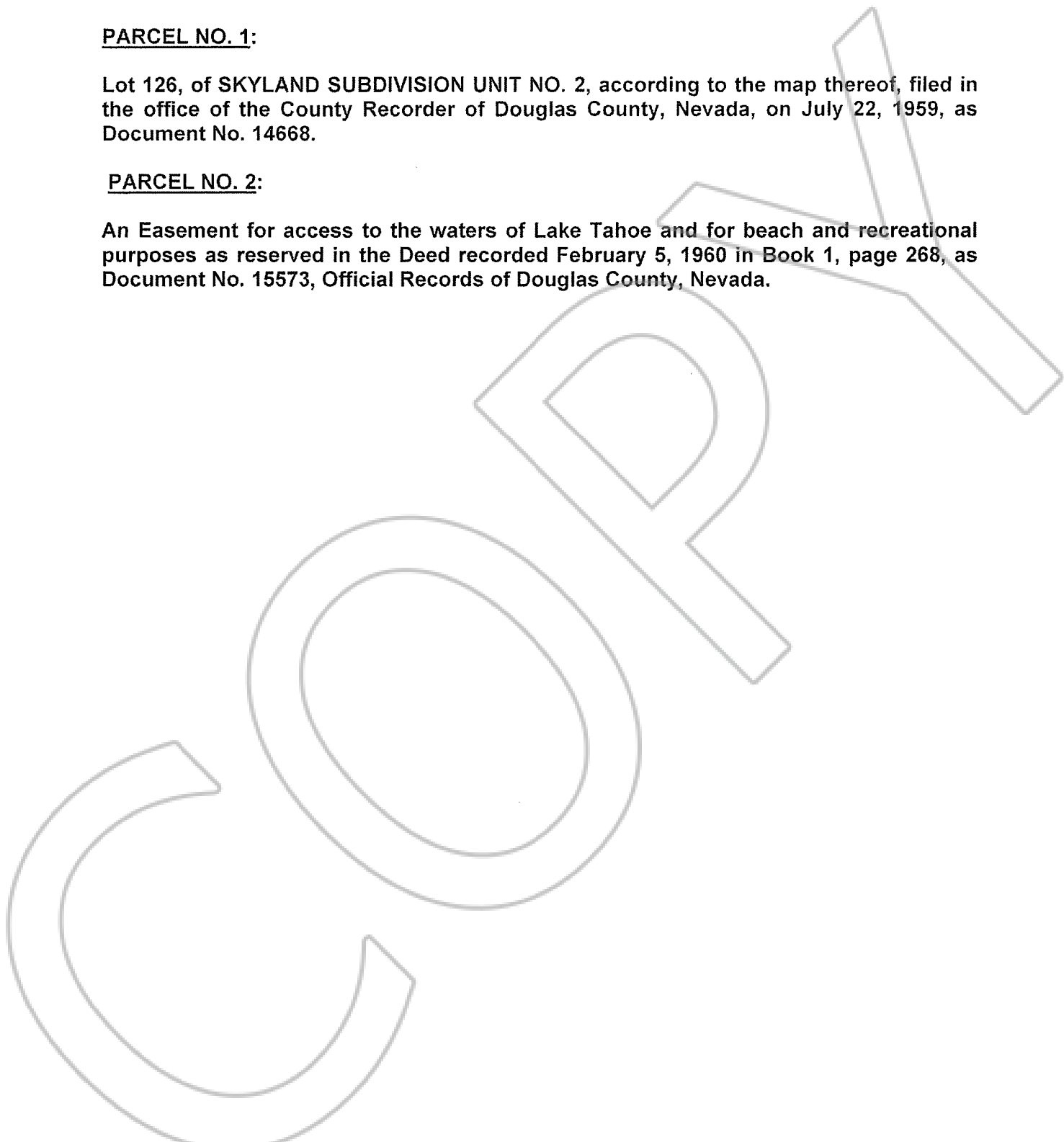
Exhibit A

PARCEL NO. 1:

Lot 126, of SKYLAND SUBDIVISION UNIT NO. 2, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on July 22, 1959, as Document No. 14668.

PARCEL NO. 2:

An Easement for access to the waters of Lake Tahoe and for beach and recreational purposes as reserved in the Deed recorded February 5, 1960 in Book 1, page 268, as Document No. 15573, Official Records of Douglas County, Nevada.



SPACE BELOW FOR RECORDER

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

VS-11 (REV. 7/87)

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) ARNOLD		2. MIDDLE R		3. LAST (FAMILY) KAUFMAN			
4. DATE OF BIRTH MM/DD/CCYY 10/12/1921		5. AGE YRS. 76		6. SEX M		7. DATE OF DEATH MM/DD/CCYY 01/14/1998	
8. HOUR 1800		9. STATE OF BIRTH IN		10. SOCIAL SECURITY NO. [REDACTED]-7655		11. MILITARY SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 16					
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. USUAL EMPLOYER LITTON INDUSTRIES			
17. OCCUPATION EXECUTIVE VICE PRESIDENT		18. KIND OF BUSINESS AEROSPACE		19. YEARS IN OCCUPATION 35			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 16081 VALLEYWOOD RD							
21. CITY SHERMAN OAKS		22. COUNTY LOS ANGELES		23. ZIP CODE 91403		24. YRS IN COUNTY 30	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP PAULINE L KAUFMAN, WIFE					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 16081 VALLEYWOOD RD, SHERMAN OAKS, CA 91403							
28. NAME OF SURVIVING SPOUSE—FIRST PAULINE		29. MIDDLE -		30. LAST (MAIDEN NAME) WERLING			
31. NAME OF FATHER—FIRST ALBERT		32. MIDDLE -		33. LAST KAUFMAN		34. BIRTH STATE MI	
35. NAME OF MOTHER—FIRST ELEANORA		36. MIDDLE -		37. LAST (MAIDEN) MEYER		38. BIRTH STATE IN	
39. DATE M/D/D/CCYY 01/23/1998		40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK, LOS ANGELES, CA 90068					
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER <i>Soma Caldera</i>		43. LICENSE NO. 7661		44. DATE M/D/D/CCYY 01/22/1998	
45. LICENSE NO. FD 904		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark [unclear]</i>		47. DATE M/D/D/CCYY 01/22/1998			
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY LOS ANGELES	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 16081 VALLEYWOOD RD		106. CITY SHERMAN OAKS					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						TIME INTERVAL BETWEEN ONSET AND DEATH	
(A) CARDIOPULMONARY FAILURE						MINUTES	
DUE TO (B) AMYOTROPHIC ARTERIOSCLEROSIS						2 YEARS	
DUE TO (C)							
DUE TO (D)							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE						108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO						109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 01/25/1996 DECEDENT LAST BEEN ALIVE MM/DD/CCYY 01/10/1998						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
115. SIGNATURE AND TITLE OF CERTIFIER <i>Cynthia M. Watson, MD</i>						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
116. LICENSE NO. G52886						117. DATE MM/DD/CCYY 01/14/1998	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CYNTHIA M WATSON, MD, 530 WILSHIRE BL #203, SANTA MONICA, CA 90401							
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED						120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
121. INJURY DATE MM/DD/CCYY						122. HOUR	
123. PLACE OF INJURY						124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER						127. DATE MM/DD/CCYY	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER							
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 273/2590		CENSUS TRACT	

20  
CORONER'S USE ONLY  
1140

270021917

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

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

