

APN 1318-09-810-047

Recording requested by:
Nancy Rey Jackson, Ltd.
1591 Mono Avenue
Minden, NV 89423



KAREN ELLISON, RECORDER

Mail documents and tax statements to:
Doyle Woods
5564 Lakeview Canyon Road
Thousand Oaks, CA 91362

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

my I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law.

- (State specific law);
- NRS 440.090 Requisites of certificates.
- NRS 440.380(1)(a) Medical certificate of death: Signature; contents
- NRS 40.525(5) Death certificate attached to affidavit

Signature *Nancy Rey Jackson* Attorney
Nancy Rey Jackson

AFFIDAVIT OF DEATH

DOYLE WOODS, Successor Trustee of the Firestone Trust dated May 24, 1991, of legal age, being duly sworn, deposes and says:

1. That PATRICIA ANN FIRESTONE, the decedent mentioned in one of the attached certified copies of certificate of death, was, until her death, and is the same person as PATRICIA ANN FIRESTONE, named as one of the parties in that certain Deed by Grantees RONALD G. FIRESTONE and PATRICIA ANN FIRESTONE, Trustees of the FIRESTONE Trust Dated May 24, 1991.
2. That RONALD G. FIRESTONE, the decedent mentioned in one of the attached certified copies of certificate of death, was, until his death, and is the same person as RONALD G. FIRESTONE, named as one of the parties in that certain Deed by Grantees RONALD G. FIRESTONE and PATRICIA ANN FIRESTONE, Trustees of the FIRESTONE Trust Dated May 24, 1991.

EXHIBIT A

All that real property situate in Township 13 North, Range 18 East, M.D.B.&M., more particularly described as follows:

Lot 1, Block F, as delineated on that certain map defined as "Amended Map of Subdivision 2, Zephyr Cove Properties";

Together with that portion of Lot 2, Block F, as delineated on the aforesaid map and described as follows:

Commencing at the Southeast corner of said Lot 2, said point being the True Point of Beginning; thence North $84^{\circ}45'00''$ West, 37.00 feet; thence North $22^{\circ}54'53''$ West, 30.80 feet; thence North $06^{\circ}15'00''$ East, 30.01 feet; thence South $36^{\circ}30'00''$ East, 76.61 feet to the Point of Beginning.

Excepting therefrom that portion of Lot 1, Block F, as delineated on the aforesaid map and described as follows:

Commencing at the Northwest corner of said Lot 1, said point being the True Point of Beginning; thence South $80^{\circ}32'00''$ East, 23.44 feet; thence South $06^{\circ}15'00''$ West, 23.99 feet; thence North $36^{\circ}30'00''$ West, 34.39 feet to the Point of Beginning.

[Old] Assessment Parcel No. 05-112-04.

Per NRS 111.312, this legal description, which provides the prior parcel number, was previously recorded on August 30, 1991, as Document No. 259340.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052015021230

CERTIFICATE OF DEATH

3201519004778

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) RONALD		3. LAST (Family) FIRESTONE	
2. MIDDLE GORDON		4. DATE OF BIRTH mm/dd/ccyy 08/23/1936	
5. AGE Yrs. 78		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY COLORADO		8. HOURS (24 Hours) 0924	
9. SOCIAL SECURITY NUMBER 6490		10. MARITAL STATUS/SROP (at Time of Death) MARRIED	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. DATE OF DEATH mm/dd/ccyy 01/30/2015	
13. EDUCATION - Highest Level/Degree ASSOCIATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ARCHITECT		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ARCHITECTURE		18. YEARS IN OCCUPATION 58	
20. DECEDENT'S RESIDENCE (Street and number, or location) 14844 VALLEY VISTA BOULEVARD			
21. CITY SHERMAN OAKS		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 91403		24. YEARS IN COUNTY 70	
25. STATE/FOREIGN COUNTRY CALIFORNIA		26. INFORMANT'S NAME, RELATIONSHIP, PATRICIA FIRESTONE, WIFE	
27. ADDRESS OF INFORMANT (Street and number, or care of route number, city or town, state and zip) 14844 VALLEY VISTA BOULEVARD, SHERMAN OAKS, CA 91403		28. NAME OF SURVIVING SPOUSE/SROP - FIRST PATRICIA	
29. MIDDLE ANN		30. LAST (BIRTH NAME) WOODS	
31. NAME OF FATHER/PARENT - FIRST GORDON		32. MIDDLE DANIEL	
33. LAST (BIRTH NAME) FIRESTONE		34. BIRTH STATE OKLAHOMA	
35. NAME OF MOTHER/PARENT - FIRST MARY		36. MIDDLE MARGARET	
37. LAST (BIRTH NAME) SLOGAR		38. BIRTH STATE COLORADO	
39. DISPOSITION DATE mm/dd/ccyy 02/06/2015		40. PLACE OF FINAL DISPOSITION OAKWOOD MEMORIAL PARK 22601 LASSEN STREET, CHATSWORTH, CA 91311	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER ANANTHRAMAN LOGANATHAN	
43. LICENSE NUMBER EMB8672		44. NAME OF FUNERAL ESTABLISHMENT ANGELENO MORTUARY	
45. LICENSE NUMBER FD1812		46. SIGNATURE OF LOCAL REGISTRAR JEFFREY GUNZENHAUSER, MD	
47. DATE mm/dd/ccyy 02/03/2015		101. PLACE OF DEATH RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 14844 VALLEY VISTA BOULEVARD	
106. CITY SHERMAN OAKS		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 ventilator fluctuation without showing the etiology. DO NOT ABBREVIATE. (A) ACUTE CARDIAC DYSFUNCTION (B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE (C) UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST NONE	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED BY 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.) NO	
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Attended Since Decedent: Last Seen: Alive mm/dd/ccyy mm/dd/ccyy	
115. SIGNATURE AND TITLE OF CERTIFIER LISA BRANSON		116. LICENSE NUMBER 117. DATE mm/dd/ccyy 02/03/2015	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
120. INJURED AT WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy	
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 LISA BRANSON		127. DATE mm/dd/ccyy 02/03/2015	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER LISA BRANSON, DEPUTY CORONER		129. STATE REGISTRAR	
A B C D E		FAX AUTH.#	
CENSUS TRACT		*010001002850105*	

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.

Lisa Branson
Director of Public Health and Registrar

DATE ISSUED

AUG 14 2015

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052015117717

CERTIFICATE OF DEATH

3201519026303

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given) PATRICIA		2. MIDDLE ANN		3. LAST (Family) FIRESTONE	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 10/12/1938	5. AGE Yrs. 76	IF UNDER ONE YEAR: Months Days Hours	IF UNDER 24 HOURS: Hours Minutes
9. BIRTH STATE/FOREIGN COUNTRY ARKANSAS	10. SOCIAL SECURITY NUMBER 0042	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/RDP* (at Time of Death) WIDOWED	7. DATE OF DEATH mm/dd/yyyy 06/11/2015
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life; DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 60	
20. DECEDENT'S RESIDENCE (Street and number, or location) 14844 VALLEY VISTA BOULEVARD					
21. CITY SHERMAN OAKS		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91403	24. YEARS IN COUNTY 65
25. STATE/FOREIGN COUNTRY CALIFORNIA		26. INFORMANT'S NAME, RELATIONSHIP TOM FIRESTONE, SON			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 14638 LACOTA PLACE, SHERMAN OAKS, CA 91403					
29. NAME OF SURVIVING SPOUSE/RDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST DOYLE		32. MIDDLE WILLIAM		33. LAST WOODS	
34. BIRTH STATE AR		35. NAME OF MOTHER/PARENT - FIRST LENORA		36. MIDDLE EVELYN	
37. LAST (BIRTH NAME) MARROW		38. BIRTH STATE AR		39. DISPOSITION DATE mm/dd/yyyy 06/22/2015	
40. PLACE OF FINAL DISPOSITION OAKWOOD MEMORIAL PARK 22601 LASSEN ST., CHATSWORTH, CA 91311		41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER ANANTHARAMAN LOGANATHAN	
43. LICENSE NUMBER EMB8672		44. NAME OF FUNERAL ESTABLISHMENT ANGELENO MORTUARY		45. LICENSE NUMBER FD1812	
46. SIGNATURE OF LOCAL REGISTRAR JEFFREY GUNZENHAUSER, MD		47. DATE mm/dd/yyyy 06/16/2015		48. SIGNATURE OF LOCAL REGISTRAR	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EYOP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 14844 VALLEY VISTA BOULEVARD		106. CITY SHERMAN OAKS	
107. CAUSE OF DEATH 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) MALIGNANT NEOPLASM OF BRONCHUS (B) MALIGNANT NEOPLASM OF LUNG		Time Interval Between Onset and Death (A) MONS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
Sequential list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		(B) MONS		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) NONE		(C) MONS		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) NONE		(D) MONS		111. USED IN DETERMINING CAUSE? <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 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? <input type="checkbox"/> YES <input checked="" 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. Decedent Attended Since: 06/06/2015 Decedent Last Seen Alive: 06/11/2015		115. SIGNATURE AND TITLE OF CERTIFIER PAUL E DIEHL M.D.		116. LICENSE NUMBER A44437	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PAUL E DIEHL M.D. 7320 WOODLAKE AVE # 270, WEST HILLS, CA 91307		117. DATE, mm/dd/yyyy 06/16/2015		118. SIGNATURE OF LOCAL REGISTRAR	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		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		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		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.



DATE ISSUED
JUL 22 2015
Director of Public Health and Registrar
BO 14



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE