RECORDING REQUESTED BY: JAMES A. HUMPHREYS, JR., ESQ.

WHEN RECORDED MAIL TO: JAMES A. HUMPHREYS, JR., ESO. 18831 Von Karman, Suite 150 Irvine, California 92612

MAIL TAX STATEMENTS TO:

PAUL C. GORMAN 7056 Little Harbor Drive Huntington Beach, CA 92648 DOUGLAS COUNTY, NV Rec:\$16.00

Total:\$16.00

2017-895904 03/13/2017 02:49 PM

JAMES A. HUMPHREYS, JR., ESQ

Pas=3



KAREN ELLISON, RECORDER

APN: 1319-30-723-001

(This Space Is Reserved For Recorder's Use ONLY)

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA

COUNTY OF DOUGLAS

PAUL C. GORMAN, of legal age, after first being duly sworn, deposes and states that ORPHA **CATHERINE GORMAN**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ORPHA C. GORMAN, named as one of the grantees in that certain Quitclaim Deed dated November 29, 1988, executed by EDWARD L. GORMAN and ORPHA C. GORMAN, to EDWARD L. GORMAN and ORPHA C. GORMAN, Trustees of the EDWARD AND ORPHA GORMAN TRUST dated November 29, 1988, recorded as Instrument No. 200567 in Book 489, page 2468 on April 21,1989, Official Records of Douglas County, State of Nevada, described in Exhibit "A" attached hereto and incorporated herein by reference.

Commonly known as Timeshare (summer), Unit 121, Tahoe Village, Nevada

I further depose and state that this Affidavit is made pursuant to my authority as sole Trustee named in the aforementioned Trust to evidence my authority to execute a Deed to this property.

2016 Dated:

PAUL C. GORMAN

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 ORANGE

SS.

Subscribed and sworn to (or affirmed) before me on this 3th day of NULY, 2016, by PAUL proved to me on the basis of satisfactory evidence to be the person who appeared before me.

FLORDELIZ PILAR ACOBA Commission # 2058159 Notary Public - California **Orange County** My Comm. Expires Feb 16, 2018

EXHIBIT "A"

(33)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 33 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 121 through 140 (inclusive) as shown on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305; and (B) Unit No. 121 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lots 31, 32 or 33 only, for one week each year in the Summer "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-723-001

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A SANTA ANA, CALIFORNIA 92701

3052015253364		CERTIFICATE OF DEATH STATE OF CALFORNIA USE BLACK PAR ONLY / NO EMBLIRE'S, WHITEVERS ON AUTERATIONS				3201530019535		
	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Goven)	2. MIDDLE 3. LAST (Family)			Family)	LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	ORPHA CATHE		NE GORMAN					
	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		09/24	FBIRTH 1007/dd/009 /1922	93 More	NOFT ONE YEAR IF	UNDER 24 HOURS 6. SEX	
	BERTH STATE/FOREIGN COUNTRY	YES X	No WIDOWED 12			ATE OF DEATH IMPRODUCES 8. HOUR (24 Hours) 1738		
	13. EDUCATION - High set Liver/Degree 14/15. WAS DECEDENT HISPANICA SOME COLLEGE YES YES	LATINO(AL/SPANISH? 81 yes, see work	(sheet on back) 1	O DECEDENT'S RAC CAUCASIAN	E - Up to 3 races may b	e listed (see worksheet o	n back)	
	17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIPED 18. KIND OF BUSINESS OR RIDUSTRY (e.g., growing store, road construct REGISTERED NURSE MEDICAL				store, road construction,	employment agency, etc.	19. YEARS IN OCCUPATION 50	
	20. DECEDENT'S RESIDENCE (Street and number, or location)	MEDI	OAL .		The state of the s		- 00	
USUAL RESIDENCE	6882 DEFIANCE DR.	UNITY/PROVINCE	23. 279.0	200E 2	4. YEARS IN COUNTY	25 STATE/FOREYON	COUNTRY	
	HUNTINGTON BEACH OR	ANGE	9264	7	45	CA		
MEOR-	22. INFORMANT'S NAME, RELATIONSHIP PAUL C. GORMAN, SON 22. INFORMANT'S MALE'S ADDRESS Squeet and run for or trail route and spot or form, name and spot 7056 LITTLE HARBOR DR., HUNTINGTON BEACH, CA 92648							
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SROP'-FIRST	20. MIDDLE	7	30. LAST (BIRTH)	NAME)			
	31. NAME OF FATHER/PARENT-FIRST	32. MIDDLE	7	33. LAST			34. BIRTH STATE	
	ALVIN 35, NAME OF MOTHER/PARENT-FIRST	MARTIN 36. MIDDLE		HUGHES	- 47		WI 38 BIRTH STATE	
	CARRIE	SUSAN	V.	THELEN	NAME)	/	WI	
20 DISDISTRON DATE PROJECTION 40 PLACE OF FINAL DISPOSITION COOD CLUED LEED CONTINUED								
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S)	42. SIGNATURE O	F EMBALMER	11, 071 020		5(3)	43 LICENSE NUMBER	
	BU 44. NAME OF FUNERAL ESTABLISHMENT HERITAGE MEMORIAL SERVICES	AMY NI		IRE OF LOCAL REGI	STRAR	40.00	EMB9252 47. DATE mm/dd/coyy	
		FD1734	Tile.	G. HANDL	756		12/31/2015	
5 ±	102 F HOSPITAL, SPECIFY ONE 102 IF OTHER THAN HOSPITAL, SPECIFY ONE RESIDENCE-HOSPICE 102 IF OTHER THAN HOSPITAL, SPECIFY ONE 102 IF OTHER THAN HOSPITAL, SPECIFY ONE 103 IF OTHER THAN HOSPITAL SPECIFY ONE 103							
106. COUNTY 106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 106. C						HUNTING	STON BEACH	
CAUSE OF DEATH	107. CAUSE OF DEATH Error the chain of events di as carded arrest, respiratory as	season injuries or complications the rest, or ventrouter fit-ritation without s	ust directly caused de having the etiology. If	ath DO NOT enlar term DO NOT ABBREVIATE	inal events such	Time Interval February Onset and Death	TOIL DEATH REPORTED TO CORDNER?	
	IMMEDIATE CAUSE (W PNEUMONIA) Find disease or Condision meeting →					3 WKS	AEGENANT AT WAREEL X WO	
	In death) B CONCESTIVE HEADT FAILURE					(BT)	109. BIOPSY PERFORMED? YES X NO	
	Sequentally, let conditions, if etc). Interest on Link A. Exter (IV). (I					YRS	110. AUTOPSY PERFORMED?	
	UNDERLYING CAUSE (clueses or input) that in related the events O					(TO)	YE9 X NO	
	resulting in death; EAST						YES NO	
	112 OTHER SIGNAF CANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RESILETING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION, ATRIAL FIBRILLATION							
	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 1	07 OR 1127 (If yee, list type of open	ton and data.)	7		1134.1	F FEULLE, PRECIUMT IN LAST YEAR!	
PHYSICIANS	AT THE HOUR DATE AND PLACE STATED FROM THE CAUSES STATED	15, SIGNATURE AND TITLE OF CE		/		116. LICENSE NUMB	ER 117. DATE mm/dd/ccyy	
	Decedent Attanded Since Decedent Last Seen Alive (A) mm/dd/ccyy (B) mm/dd/ccyy 1	JULIE ROXANNE 18. TYPE ATTENDING PHYSICIAN	MATSUUF	RAM.D.	END IE BOYA	A61305	12/30/2015	
¥ # #	03/05/2012 12/28/2015 19582 BEACH BLVD STE 250, HUNTINGTON BEACH, CA 92648							
CORONER'S USE ONLY	MANNER OF DEATH NON FOR DEATH OCCURRED AT THE HOUR DATE.	AND PLACE STATED FROM THE CAUSE Buickle Panding Investigation	S STATED. Could not be determined	• 🗀 .co	NO UNK	121. INJURY DATE OF	myddyccyy 122 HOUR (24 Hours;	
	123. PLACE OF WAURY (e.g., home, construction site, wooded erea, etc.)							
	124. DESCRIBE HOW INJURY OCCURRED (Ever) a which resulted in injury)							
	125. LOCATION OF INURRY (Sirest and number, or location, and city, and 2:p)							
8	122. DATE min/dd/cow 128. TYPE NAME. TITLE OF CORONER / DEPUTY CORONER							
127. DATE min/ad/copy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER								
STA REGIS		E 1111				FAX AUTH.#	CENSUS TRACT	
-			*0100	001003124797*		i		

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED _____ January 8, 2016

lu A Hardle 4-0.

ERIC G. HANDLER, MD
COUNTY HEALTH OFFICER

COUNTY HEALTH OFF
This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar





CAORANGEDI