

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

DOUGLAS COUNTY, NV **2017-895905**  
Rec:\$16.00  
Total:\$16.00 **03/13/2017 02:49 PM**  
JAMES A. HUMPHREYS, JR., ESQ Pgs=3

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



KAREN ELLISON, RECORDER

**MAIL TAX STATEMENTS TO:**  
PAUL C. GORMAN  
7056 Little Harbor Drive  
Huntington Beach, CA 92648

APN: 1319-30-644-034

(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 67, 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.

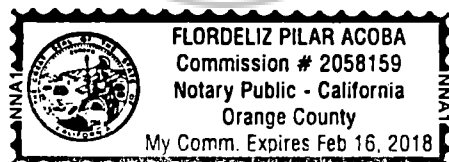
Dated: 7/5, 2016

\_\_\_\_\_  
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 5<sup>th</sup> day of JULY, 2016, by PAUL C. GORMAN, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



\_\_\_\_\_  
Notary Signature

**EXHIBIT "A"**

**(37)**

An undivided 1/102<sup>nd</sup> interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106<sup>th</sup> interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 067 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 Five recorded August 18, 1988, as Document No. 184461, as amended, 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 Lot 37 only, for one week every other year in the Odd -numbered years in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-034

**STATE OF CALIFORNIA**  
**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**

3201530019535

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY - NO ERASERS, WHITE OUTS OR ALTERATIONS VS-1 (REV. 3/06)				LOCAL REGISTRATION NUMBER	
DECEASED'S PERSONAL DATA	1. NAME OF DECEDENT—FIRST (Given) ORPHA		2. MIDDLE CATHERINE		3. LAST (Family) GORMAN		
	AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 09/24/1922		5. AGE Yrs. 93	
	9. BIRTH STATE/FOREIGN COUNTRY WI		10. SOCIAL SECURITY NUMBER [REDACTED]-9324		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP (at Time of Death) WIDOWED
	13. EDUCATION—Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7. DATE OF DEATH mm/dd/yyyy 12/28/2015
USUAL RESIDENCE	17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED REGISTERED NURSE		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICAL			19. YEARS IN OCCUPATION 50	
	20. DECEDENT'S RESIDENCE (Street and number, or location) 6882 DEFIANCE DR.						
	21. CITY HUNTINGTON BEACH		22. COUNTY/PROVINCE ORANGE		23. ZIP CODE 92647	24. YEARS IN COUNTY 45	25. STATE/FOREIGN COUNTRY CA
	26. INFORMANT'S NAME, RELATIONSHIP PAUL C. GORMAN, SON				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 7056 LITTLE HARBOR DR., HUNTINGTON BEACH, CA 92648		
SPOUSE/SDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SDP—FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -		
	31. NAME OF FATHER/PARENT—FIRST ALVIN		32. MIDDLE MARTIN		33. LAST HUGHES		34. BIRTH STATE WI
	35. NAME OF MOTHER/PARENT—FIRST CARRIE		36. MIDDLE SUSAN		37. LAST (BIRTH NAME) THELEN		38. BIRTH STATE WI
	39. DISPOSITION DATE mm/dd/yyyy 01/23/2016						
FUNERAL DIRECTOR/LOCAL REGISTRAR	40. PLACE OF FINAL DISPOSITION GOOD SHEPHERD CEMETERY 8301 TALBERT AVE., HUNTINGTON BEACH, CA 92646			41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER AMY NICHOLS	
	43. LICENSE NUMBER EMB9252		44. NAME OF FUNERAL ESTABLISHMENT HERITAGE MEMORIAL SERVICES		45. LICENSE NUMBER FD1734		46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.
	47. DATE mm/dd/yyyy 12/31/2015						
	101. PLACE OF DEATH RESIDENCE-HOSPICE						
PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home, LTC <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other				
	104. COUNTY ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 6882 DEFIANCE DR.			106. CITY HUNTINGTON BEACH	
	107. CAUSE OF DEATH Enter the chain of events—disease, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) PNEUMONIA Sequentially, 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) CONGESTIVE HEART FAILURE						
	108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) BIOPSY PERFORMED? YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) ALTOPIXY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
PHYSICIAN'S CERTIFICATION	109. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION, ATRIAL FIBRILLATION						
	110. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO						
	111. SIGNATURE AND TITLE OF CERTIFIER JULIE ROXANNE MATSUURA M.D.		112. LICENSE NUMBER A61305		113. DATE mm/dd/yyyy 12/30/2015		
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. (A) Decedent Attended Since 03/05/2012		(B) Decedent Lived Since Alive 12/28/2015		115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JULIE ROXANNE MATSUURA M.D. 19582 BEACH BLVD STE 250, HUNTINGTON BEACH, CA 92648		
CORONER'S USE ONLY	116. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 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						
	117. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK						
	118. INJURY DATE mm/dd/yyyy						
	119. INJURY DATE (24 Hours)						
120. INJURY DATE (24 Hours)							
121. INJURY DATE (24 Hours)							
122. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)							
123. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
124. SIGNATURE OF CORONER / DEPUTY CORONER							
125. DATE mm/dd/yyyy							
126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER							
STATE REGISTRAR							
FAX AUTH.#							
CENSUS TRACT							

**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

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



*Eric G. Handler M.D.*  
ERIC G. HANDLER, MD  
COUNTY HEALTH OFFICER

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

CAORANGE01