

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

DOUGLAS COUNTY, NV 2017-895906
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: 1319-30-721-015

(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 94, 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.

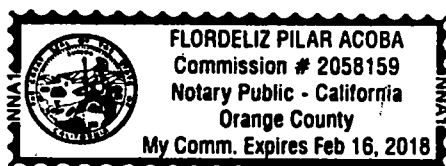
Dated: 7/5, 2016

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 5th 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"

(31)

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 31 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 081 through 100 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 094 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, 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: 1319-30-721-015

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 ERASURES, WHITOUTS OR ALTERATIONS VS-1 (REV. 7/2005)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT- FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ORPHA		CATHERINE		GORMAN	
AKA. ALSO KNOWN AS- Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
		09/24/1922		93	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
WI		[REDACTED]-9324		[] YES [X] NO [] UNK	
12. MARITAL STATUS/GRDP (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hour)	
WIDOWED		12/28/2015		1738	
13. EDUCATION - Highest Level/Degree (See instructions on back)		14/15. WAS DECEDENT HISPANIC/LATINO/ASPIANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE [] YES [] NO		[X] NO		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
REGISTERED NURSE		MEDICAL		50	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
6882 DEFIANCE DR.					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
HUNTINGTON BEACH		ORANGE		92647	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
45		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					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
-		-		-	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
ALVIN		MARTIN		HUGHES	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
WI		CARRIE		SUSAN	
37. LAST (BIRTH NAME)		38. BIRTH STATE		39. BIRTH STATE	
THELEN		WI		WI	
38. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
01/23/2016		GOOD SHEPHERD CEMETERY 8301 TALBERT AVE., HUNTINGTON BEACH, CA 92646			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
BU		AMY NICHOLS		EMB9252	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
HERITAGE MEMORIAL SERVICES		FD1734		ERIC G. HANDLER, M.D.	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
12/31/2015		ERIC G. HANDLER, M.D.			
101. PLACE OF DEATH					
RESIDENCE-HOSPICE					
102. IF HOSPITAL, SPECIFY ONE					
[] IP [] EVOP [] DQA [] Hospice [] Nursing Home/LTC [X] Decedent's Home [] Other					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
ORANGE		6882 DEFIANCE DR.		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					
(B) CONGESTIVE HEART FAILURE					
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					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
HYPERTENSION, ATRIAL FIBRILLATION					
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					
[] YES [X] NO [] 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's Last Seen Alive		A61305	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		117. DATE mm/dd/yyyy	
03/05/2012		12/28/2015		12/30/2015	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
JULIE ROXANNE MATSUURA M.D. 19582 BEACH BLVD STE 250, HUNTINGTON BEACH, CA 92648					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
MANNER OF DEATH [] Natural [] Accident [] Homicide [] Suicide [] Investigation [] Could not be determined					
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
[] YES [] NO [] UNK					
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	
ERIC G. HANDLER, M.D.		January 8, 2016		ERIC G. HANDLER, M.D. COUNTY HEALTH OFFICER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT					
01000100312479					

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

003705373

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

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

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

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE



CAORANGE01