

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Jennie Plummer Smith
PO Box 4049
Sparks, NV 89432

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-07-002-018 portion of

File No.: 121-2487770 (MLR)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Jennie Plummer Smith, Trustee of the of The Belize Trust dated September 29, 1989 ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Edward William Miltenburg, Trustee** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **8/8/2007** at **Newport Beach, California** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **The Belize Trust dated September 29, 1989** executed by **Jennie Plummer Smith, Trustee** as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **October 19, 1989** which was recorded as Instrument No. **213274** in Book **1089**, Page **2324**, of Official Records of **Douglas** County, Nevada as legally described as follows:
- Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated:

May 11, 2017

DECLARANT:

Jennie Plummer Smith Trustee

Jennie Plummer Smith, Trustee of the of The Belize Trust dated September 29, 1989

State of Nevada)

)ss

County of Washoe)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County WASHOE and State NEVADA, this 11th day of May, 20 17 by JENNIE PLUMMER SMITH, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature

Pamela Becker

My Commission Expires:

7/29/17



PAMELA BECKER
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 07-29-17
Certificate No: 05-98706-16

Notary Name: _____

Notary Phone: _____

Notary Registration Number: _____

County of Principal Place of Business: _____

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3200730010353

STATE OF CALIFORNIA
USE BACK SIDE ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
12-1999/REV. 02/01

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT — FIRST (Given) EDWARD		2. MIDDLE WILLIAM		3. LAST (Family) MILTENBURG	
4. DATE OF BIRTH mm/dd/yyyy 09/23/1920				5. AGE Yrs 86	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 08/08/2007		8. HOUR (24 Hours) 0934	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 8312		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at time of death) DIVORCED		13. EDUCATION — Highest Level/Degree (see worksheet on back) ASSOCIATE		14. WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
15. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED BUSINESS OWNER		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ELECTRONIC MANUFACTURING		17. YEARS IN OCCUPATION 60	
18. DECEDENT'S RESIDENCE (Street and number or location) 91 YORKTOWN					
21. CITY NEWPORT BEACH		22. COUNTY/PROVINCE ORANGE		23. ZIP CODE 92660	
24. YEARS IN COUNTY 50		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP JAMES H MILTENBURG, SON			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 5 RODEO, Foothill Ranch, CA 92610		
28. NAME OF SURVIVING SPOUSE — FIRST AGNES		29. MIDDLE AMELIA		30. LAST (Maiden Name) REMANT	
31. NAME OF FATHER — FIRST HUBERTUS		32. MIDDLE CHRISTIANUS		33. LAST MILTENBURG	
34. BIRTH STATE HOLLAND		35. NAME OF MOTHER — FIRST AGNES		36. BIRTH STATE ENGLAND	
37. LAST (Maiden Name) REMANT		38. BIRTH STATE ENGLAND			
39. DISPOSITION DATE mm/dd/yyyy 08/10/2007		40. PLACE OF FINAL DISPOSITION RES JAMES H. MILTENBURG 4.5 KING KAMEHEHA HWY, MOLOKAI, HI 96748			
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT PACIFIC VIEW MORTUARY		45. LICENSE NUMBER FD 1176		46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.	
47. DATE mm/dd/yyyy 08/10/2007		48. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.			
101. PLACE OF DEATH HOAG MEMORIAL HOSPITAL PRESBYTERIAN		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> ODA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, Etc. <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, Etc. <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1 HOAG DRIVE		106. CITY NEWPORT BEACH	
107. CAUSE OF DEATH Enter the chain of events — General, 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) PERICARDIAL TAMPONADE		MINS (M) UNK		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SECUNDARY, 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) DISSECTING AORTIC ANEURYSM		109. COPY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ATHEROSCLEROSIS			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) PACEMAKER PLACEMENT, DATE UNKNOWN		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 LISTED Decedent Attended Since: _____ Decedent Last Seen Alive: _____	
115. SIGNATURE AND TITLE OF CERTIFIER CULLEN ELLINGBURGH		116. LICENSE NUMBER 7710		117. DATE mm/dd/yyyy 08/09/2007	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES LISTED MANNER OF DEATH <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 118		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy 121		122. HOUR (24 Hours) 122			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) 123					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) 124					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) 125					
126. SIGNATURE OF CORONER / DEPUTY CORONER CULLEN ELLINGBURGH		127. DATE mm/dd/yyyy 08/09/2007		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER CULLEN ELLINGBURGH, DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
CENSUS TRACT		"012007000572148"			

AUG 15 2007



002166224

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ORANGE

} SS

DATE ISSUED

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.

Eric G. Handler H.O.
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

PBVC0 (Rev.) 11/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

