

APN: 1021-00-001-059

Recording Requested By  
And When Recorded Mail To:

✓ James W. M. Charlton, Esq.  
Charlton Weeks LLP  
1031 West Avenue M-14, Suite A  
Palmdale, CA 93551

Mail Tax Statements To:

Deborah Ann Boudreau  
2225 W. Avenue K-10  
Lancaster, CA 93536  
APN: 1021-00-001-059



KAREN ELLISON, RECORDER

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF CALIFORNIA,  
COUNTY OF Los Angeles

Deborah Ann Boudreau, of legal age, being first duly sworn, deposes and says:

1. Robert Lee Wood, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert Wood, named as Trustee in the Robert Wood Family Declaration of Trust dated June 3, 1997 executed by Robert Wood, as trustor.

2. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed dated August 25, 2015, recorded on August 31, 2015, as instrument No. 2015-868989, in the Official Records of Douglas County, State of Nevada, covering the following described property situated in the said County, State of Nevada:

EAST 1/2 SW 1/4 SE 1/4 SECTION 4, TOWNSHIP 10 NORTH, RANGE 21 EAST., MOUNT DIABLO BASE MERIDIAN, NEVADA. Being the same property conveyed to NRLL EAST LLC by Deed from O. Lee Mungle and Betty J. Mungle recorded 10/26/06 BK 1006 Pg 9862.

More commonly known as VACANT LAND

3. I am the Successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

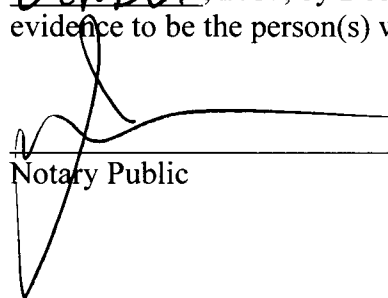
Date: 10-10-2017

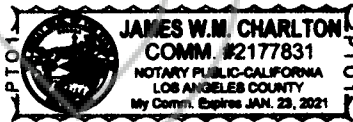
Deborah Ann Boudreau  
Deborah Ann Boudreau

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 Los Angeles

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 10, day of October, 2017, by Deborah Ann Boudreau, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

  
\_\_\_\_\_  
Notary Public



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC HEALTH

### CERTIFICATE OF DEATH

3201719016777

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITINGS OR ALTERATIONS VS-1 (REV. 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ROBERT		2. MIDDLE LEE		3. LAST (Family) WOOD	
4. DATE OF BIRTH mm/dd/yyyy 06/25/1929		5. AGE Yrs. 87		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]-6886		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UFK	
12. MARITAL STATUS/SRDP* (at time of death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 04/07/2017		8. HOURS (24 Hours) 1505	
13. EDUCATION - Highest Level/Degree (See worksheet on back) SOME COLLEGE <input type="checkbox"/> YES		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SHERIFF CAPTAIN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LAW ENFORCEMENT		19. YEARS IN OCCUPATION 36	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1625 W AVE L-8					
21. CITY LANCASTER		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 93534	
24. YEARS IN COUNTY 66		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP DEBORAH BOUDREAU, POWER OF ATTORNEY			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2225 W AVE K-10, LANCASTER, CA 93536		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST ROBERT		32. MIDDLE VANCE		33. LAST WOOD	
34. BIRTH STATE KS		35. NAME OF MOTHER/PARENT - FIRST LOIS		36. MIDDLE BEAU	
37. LAST (BIRTH NAME) LUCID		38. BIRTH STATE CA			
39. DISPOSITION DATE mm/dd/yyyy 04/14/2017		40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF LOS ANGELES COUNTY			
41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE VALLEY MORTUARY		45. LICENSE NUMBER FD953		46. SIGNATURE OF LOCAL REGISTRAR ▶ JEFFREY GUNZENHAUSER, MD	
47. DATE mm/dd/yyyy 04/13/2017					
101. PLACE OF DEATH ANTELOPE VALLEY HOSPITAL		102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EVCOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input 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) 1600 W AVENUE J		106. CITY LANCASTER	
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) A) CARDIOPULMONARY ARREST B) ACUTE RESPIRATORY FAILURE C) BILATERAL 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		Time Interval Between Onset and Death (A) MINS (B) DAYS (C) DAYS (D) DAYS		108. DEATH PERMITTED TO OCCUR? <input type="checkbox"/> YES <input checked="" 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 IN 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 ACUTE RENAL FAILURE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
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: (A) mm/dd/yyyy (B) mm/dd/yyyy 03/17/2017 04/07/2017		115. SIGNATURE AND TITLE OF CERTIFIER ▶ MUNIF RAHAL M.D.		116. LICENSE NUMBER A63911	
117. DATE mm/dd/yyyy 04/12/2017		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MUNIF RAHAL M.D. 15032 LIVE OAK SPRINGS CYN RD, CANYON COUNTRY, CA 91387			
119. 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		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UFK		121. INJURY DATE mm/dd/yyyy	
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	

### CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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.



001272188

DATE ISSUED

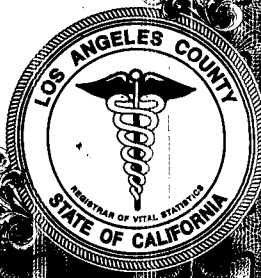
APR 13 2017

Health Officer and Registrar, MD

DO 21

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALOSANGOLJ