

APN# 1022-15-001-051



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: CORY D. TOROIAN

Address: 33932 CALLE CONEJO

City/State/Zip: SN JN CAPO, CA-92675

Mail Tax Statements to:

Name: CORY D. TOROIAN

Address: 33932 CALLE CONEJO

City/State/Zip: SN JN CAPO, CA-92675

AFFIDAVIT OF SUCCESSOR TRUSTEE

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

CORY D. TOROIAN
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Affidavit of Successor Trustee

Affidavit of Assumption of Duties by Successor Trustee

State of CA, County of Orange.

Cory D. Toroian, of legal age, first being duly sworn, declares:

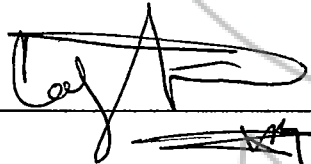
On April 29, 1999, Peter N. and Cory D. Toroian, created The Peter N. Toroian and Cory D. Toroian Revocable Trust, Living Trust.

On February 1, 2018, Peter N. Toroian died, as established in the attached certified copy of the Certificate of Death.

The Declaration of Trust creating The Peter N. Toroian and Cory D. Toroian Revocable Trust, Living Trust provides that upon the death of the grantors, I, Cory D. Toroian, become the trustee of the trust.

I hereby accept the office of trustee of the trust, and am now acting as trustee of the trust.

Dated: 3-12-18



CORY D. TOROIAN

Successor Trustee

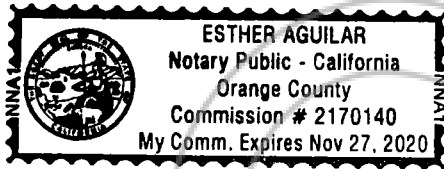
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 }
On 3/12/18 before me, Esther Aguilar, a Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Cory D. Toroian
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Esther Aguilar
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of Successor Trustee

Document Date: 3/12/18 Number of Pages: 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Cory D. Toroian

Corporate Officer – Title(s): _____

Partner – Limited General

Individual Attorney in Fact

Trustee Guardian of Conservator

Other: _____

Signer is Representing: _____

Signer's Name: _____

Corporate Officer – Title(s): _____

Partner – Limited General

Individual Attorney in Fact

Trustee Guardian of Conservator

Other: _____

Signer is Representing: _____

Notary's Acknowledgment

State of _____

County of _____

On _____ before me, _____, a
notary public, personally appeared _____,
_____, who proved
to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to
the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that
the foregoing is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

Printed Name

Notary Public for the State of _____

Residing at:

My commission expires:

[NOTARIAL SEAL]

See Attached
California All-purpose Acknowledgment

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

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

3052018029056

CERTIFICATE OF DEATH

3201830002341

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VS-1 (REV. 3/05)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) PETER		2. MIDDLE NESTOR		3. LAST (Family) TOROIAN			
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST) PETER NESTOR BODETTE		4. DATE OF BIRTH mm/dd/yyyy 01/08/1942		5. AGE Yrs. 76		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY WI		10. SOCIAL SECURITY NUMBER [REDACTED]-7168		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> NO		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 JOURNEYMAN WIREMAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ELECTRICAL		19. YEARS IN OCCUPATION 50			
20. DECEDENT'S RESIDENCE (Street and number, or location) 33932 CALLE CONEJO							
21. CITY SAN JUAN CAPISTRANO		22. COUNTY/PROVINCE ORANGE		23. ZIP CODE 92675		24. YEARS IN COUNTY 60	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP CORY TOROIAN, WIFE					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 33932 CALLE CONEJO, SAN JUAN CAPISTRANO, CA 92675							
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST CORY		29. MIDDLE D		30. LAST (BIRTH NAME) STRIMKOVSKY			
31. NAME OF FATHER/PARENT - FIRST HOWARD		32. MIDDLE A.		33. LAST BODETTE		34. BIRTH STATE WI	
35. NAME OF MOTHER/PARENT - FIRST JODIE		36. MIDDLE ETHEL		37. LAST (BIRTH NAME) RIGG		38. BIRTH STATE WI	
39. DISPOSITION DATE mm/dd/yyyy 02/14/2018		40. PLACE OF FINAL DISPOSITION RESIDENCE OF CORY TOROIAN 33932 CALLE CONEJO, SAN JUAN CAPISTRANO, CA 92675					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT FUNERAL & CREMATION SERVICE OF ORANGE COUNTY		45. LICENSE NUMBER FD1567		46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.		47. DATE mm/dd/yyyy 02/08/2018	
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL OC ANAHEIM		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <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) 3440 E LA PALMA AVE				106. CITY ANAHEIM	
107. CAUSE OF DEATH Enter the chain of events - disease, injury 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) ASYSTOLE (B) HYPOXEMIA (C) PNEUMONIA (D) STROKE 108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 109. BIOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input type="checkbox"/>							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ESOPHAGEAL CANCER STAGE 4 METASTATIC		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. ESOPHAGECTOMY 12/04/2017					
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: Decedent Last Seen At: 12/04/2017 02/01/2018		115. SIGNATURE AND TITLE OF CERTIFIER MARC JASON DAVISON M.D.		116. LICENSE NUMBER 117. DATE mm/dd/yyyy G87575 02/06/2018			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARC JASON DAVISON M.D. 3440 E LA PALMA AVE, ANAHEIM, CA 92806-2020							
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"/> Accidents <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"/> UNK		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	
				"010001003795439"			

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

February 13, 2018



004096109

Eric G. Handler H.O.
ERIC G. HANDLER, MD
COUNTY HEALTH OFF. C.F.R.

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



CAORANGE01