

**RECORDING REQUESTED BY:**

Mr. Dennis R. Bauern  
3149 Coachman Court  
Oceanside, CA 92056



KAREN ELLISON, RECORDER

**WHEN RECORDED RETURN TO  
AND MAIL TAX STATEMENTS TO:**

Mr. Dennis Bauern, Trustee  
3149 Coachman Court  
Oceanside, CA 92056

*THIS SPACE FOR RECORDER'S USE ONLY*

**Assessor's Parcel Number:** 1418-34-211-001

**AFFIDAVIT--DEATH OF CO-TRUSTEE**

STATE OF CALIFORNIA )  
                                          )ss.  
COUNTY OF SAN DIEGO )

**DENNIS R. BAUERN**, of legal age, being first sworn, deposes and says:

That JEAN ANN BAUERN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JEAN A. BAUERN, named as a Co-Trustee in that certain unrecorded trust agreement dated January 7, 2008, executed by JEAN A. BAUERN and DENNIS R. BAUERN, and which Trust was named as the Grantee in that certain Quitclaim Deed, dated January 7, 2008, and recorded on November 13, 2018, in the Office of the Recorder of the County of Douglas, State of Nevada, as Document No. 2018-922039 of Official Records, relating to the real property located in said County and more particularly described in Exhibit "A" (attached hereto and incorporated herein by reference). Exhibit "B" incorporated herein to provide verification of beneficiaries of said property.

That said trust provides that at the death of JEAN A. BAUERN, DENNIS R. BAUERN shall act as the sole trustee.

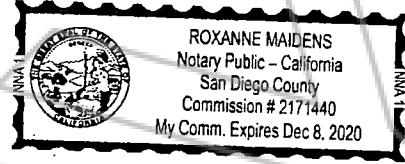
Executed on March 29, 2019, in San Diego County, California.

  
\_\_\_\_\_  
**DENNIS R. BAUERN**

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 SAN DIEGO

SUBSCRIBED AND SWORN TO (or affirmed)  
before me on March 29, 2019, by DENNIS R.  
BAUERN, proved to me on the basis of satisfactory  
evidence to be the person who appeared before me.



Roxanne Maidens  
NOTARY PUBLIC

COPY

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF SAN DIEGO

#### CERTIFICATE OF DEATH

3201837015584

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) <b>JEAN</b>		3 LAST (Family) <b>BAURN</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5 AGE Yrs <b>73</b>	
8 BIRTH STATE/FOREIGN COUNTRY <b>INDIANA</b>		12 MARITAL STATUS-CD* (at time of death) <b>MARRIED</b>	
13 SOCIAL SECURITY NUMBER <b>4685</b>		7 DATE OF DEATH mm/dd/yyyy <b>09/08/2018</b>	
14 EDUCATION - Highest Level Completed (See work sheet on back) <b>ASSOCIATE</b>		18 DECEASED'S RACE - Us to 3 races may be listed (see work sheet on back) <b>CAUCASIAN</b>	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. <b>COSMETOLOGIST</b>		19 YEARS IN OCCUPATION <b>15</b>	
20 DECEDENT'S RESIDENCE (Street and number or location) <b>3149 COACHMAN COURT</b>			
21 CITY <b>OCEANSIDE</b>		25 STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>	
22 COUNTY/PROVINCE <b>SAN DIEGO</b>		24 YEARS IN COUNTY <b>40</b>	
23 ZIP CODE <b>92056</b>		27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) <b>3149 COACHMAN COURT, OCEANSIDE, CA 92056</b>	
26 INFORMANT'S NAME, RELATIONSHIP <b>DENNIS BAURN, HUSBAND</b>		28 NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>DENNIS</b>	
29 MIDDLE <b>RAY</b>		30 LAST (BIRTH NAME) <b>BAURN</b>	
31 NAME OF FATHER/PARENT - FIRST <b>EMMETT</b>		32 MIDDLE <b>HAROLD</b>	
33 LAST <b>MUSSELMAN</b>		34 BIRTH STATE <b>INDIANA</b>	
35 NAME OF MOTHER/PARENT - FIRST <b>WINIFRED</b>		36 MIDDLE <b>FRANCES</b>	
37 LAST (BIRTH NAME) <b>LEYSE</b>		38 BIRTH STATE <b>WISCONSIN</b>	
39 DISPOSITION DATE mm/dd/yyyy <b>09/14/2018</b>		40 PLACE OF FINAL DISPOSITION <b>ETERNAL HILLS MEMORIAL PARK 1999 EL CAMINO REAL, OCEANSIDE, CA 92054</b>	
41 TYPE OF DISPOSITION(S) <b>CR/BU</b>		42 SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43 LICENSE NUMBER		44 NAME OF FUNERAL ESTABLISHMENT <b>ETERNAL HILLS MORTUARY</b>	
45 LICENSE NUMBER <b>FD234</b>		46 SIGNATURE OF LOCAL REGISTRAR <b>WILMA J WOOTEN, MD MPH</b>	
47 DATE mm/dd/yyyy <b>09/12/2018</b>		101 PLACE OF DEATH <b>RESIDENCE</b>	
104 CITY <b>SAN DIEGO</b>		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> CR/OP <input type="checkbox"/> OCA <input type="checkbox"/> OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home C <input checked="" type="checkbox"/> Home S <input type="checkbox"/> Other	
105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>3149 COACHMAN COURT</b>		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home C <input checked="" type="checkbox"/> Home S <input type="checkbox"/> Other	
106 CITY <b>OCEANSIDE</b>		107 CAUSE OF DEATH <b>(A) NON SMALL CELL LUNG CANCER WITH METASTASES TO BRAIN</b>	
108 DEATH REPORTED TO CORONER? <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 <b>NONE</b>		113A IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		114 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: <b>06/02/2018</b> Decedent Last Seen Alive: <b>09/07/2018</b>	
115 SIGNATURE AND TITLE OF CERTIFIER <b>DANIEL MILLER M.D.</b>		116 LICENSE NUMBER <b>A85340</b>	
117 DATE mm/dd/yyyy <b>09/11/2018</b>		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>DANIEL MILLER M.D. 2525 PIO PICO DRIVE, CARLSBAD, CA 92008</b>	
119 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"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121 PLACE OF INJURY (e.g., home, construction site, working area, etc.)		122 HOUR (24 hours)	
123 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124 LOCATION OF INJURY (Street and number or local or child city, and zip)			
125 SIGNATURE OF COPONER / DEPUTY CORONER		127 DATE mm/dd/yyyy	
126		128 TYPE NAME, TITLE OF COPONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

County of San Diego - Health & Human Services Agency - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY and THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

*Wilma J. Wooten, M.D.*

DATE ISSUED: 9/13/2018  
WILMA J. WOOTEN, M.D., M.P.H.  
REGISTRAR OF VITAL RECORDS  
County of San Diego



A003383715

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

CASANDIEOL

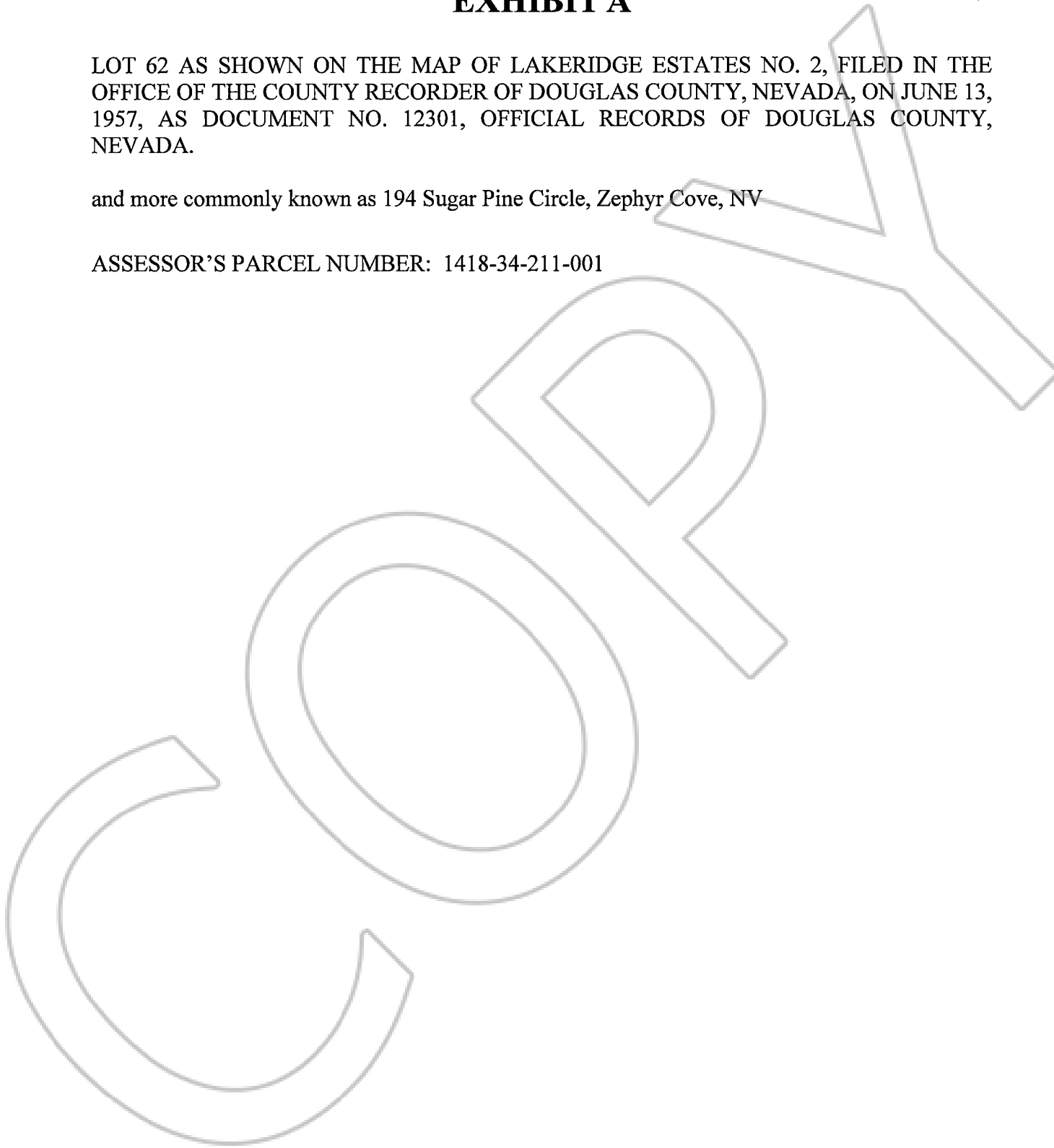


## **EXHIBIT A**

LOT 62 AS SHOWN ON THE MAP OF LAKERIDGE ESTATES NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 13, 1957, AS DOCUMENT NO. 12301, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

and more commonly known as 194 Sugar Pine Circle, Zephyr Cove, NV

ASSESSOR'S PARCEL NUMBER: 1418-34-211-001



## **EXHIBIT B**

**Beneficiary:**

Dennis R. Bauern, Surviving Spouse whose address is 3149 Coachman Court, Oceanside, CA 92056

and more commonly known as 194 Sugar Pine Circle, Zephyr Cove, NV

ASSESSOR'S PARCEL NUMBER: 1418-34-211-001

