

Recording Requested by

TIMOTHY J. BLIED, Esq.

and When Recorded Mail To:

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& MACKEY
400 North Tustin Ave., Suite 290
Santa Ana, CA 92705-3899



00092695201909304890050053

KAREN ELLISON, RECORDER

A. P. No. 03-080-12

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA)
) ss.
COUNTY OF ORANGE)

The undersigned, of legal age, being first duly sworn, deposes and says:

1. **LAWRENCE D. VAN CLEAVE** and **MARGARET S. VAN CLEAVE** as Trustors, have heretofore entered into a Declaration of Trust dated September 6, 1995, pursuant to which was established the **LAWRENCE D. VAN CLEAVE AND MARGARET S. VAN CLEAVE 1995 INTER VIVOS TRUST** (the "Trust"). The Trust has not been recorded.

2. Pursuant to the terms of the Trust, **LAWRENCE D. VAN CLEAVE** and **MARGARET S. VAN CLEAVE** were named as the original Trustees.

3. The Trust provides that, upon the death of **LAWRENCE D. VAN CLEAVE** and **MARGARET S. VAN CLEAVE**, then **MICHAEL R. VAN CLEAVE** and **MITZI M. VAN CLEAVE** shall serve as the successor Co-Trustees of the Trust.

4. **LAWRENCE D. VAN CLEAVE** became deceased on April 23, 2019, as evidenced by a certified copy of his Certificate of Death which is attached hereto and incorporated herein by reference.

5. **LAWRENCE D. VAN CLEAVE**, aka **LAWRENCE DURWARD VAN CLEAVE**, mentioned in the attached certified copy of Certificate of Death, is the same person as **LAWRENCE D. VAN CLEAVE** who was serving as a Trustee of the Trust as above stated.

6. **MARGARET S. VAN CLEAVE** became deceased on November 8, 2016, as evidenced by a certified copy of her Certificate of Death which is attached hereto and incorporated herein by reference.

7. **MARGARET S. VAN CLEAVE, aka MARGARET SULLIVAN VAN CLEAVE**, mentioned in the attached certified copy of Certificate of Death, is the same person as **MARGARET S. VAN CLEAVE** who was serving as a Trustee of the Trust as above stated.

8. **MICHAEL R. VAN CLEAVE** and **MITZI M. VAN CLEAVE** are filing this Affidavit with the Douglas County Recorder to establish their succession as Co-Trustees pursuant to the Trust and to enable them to administer and distribute real estate pursuant to the terms of the Trust.

9. **LAWRENCE D. VAN CLEAVE** and **MARGARET S. VAN CLEAVE, Trustees of the LAWRENCE D. VAN CLEAVE AND MARGARET S. VAN CLEAVE 1995 INTER VIVOS TRUST, dated September 6, 1995**, are the parties named in that certain Grant Deed, dated September 6, 1995, and recorded with the Douglas County Recorder on September 11, 1995, as Document No. 370123 BK0995PG1184, describing the following property located in the County of Douglas, State of Nevada:

Lot 21 of Subdivision No. 1, Caverock Cove, LTD. Tract, according to the official map thereof approved by the Board of County Commissioners of Douglas County, Nevada on August 5, 1936 and filed in the office of the County Recorder of Douglas County, State of Nevada on September 26, 1936,

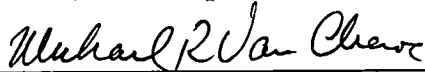
Together with all and singular, the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and reversions, remainders, rents, issue or profits thereof.

A. P. No. 03-080-12

8. Titleholder of the foregoing real property was **LAWRENCE D. VAN CLEAVE** and **MARGARET S. VAN CLEAVE, Trustees of the LAWRENCE D. VAN CLEAVE AND MARGARET S. VAN CLEAVE 1995 INTER VIVOS TRUST, dated September 6, 1995.**

The Successor titleholder is **MICHAEL R. VAN CLEAVE** and **MITZI M. VAN CLEAVE, Trustees of the LAWRENCE D. VAN CLEAVE AND MARGARET S. VAN CLEAVE 1995 INTER VIVOS TRUST, dated September 6, 1995.**

Dated: 5-29-19, 2019



MICHAEL R. VAN CLEAVE, Trustee



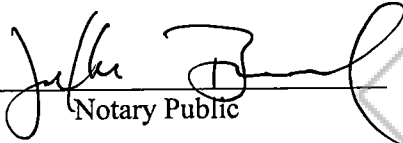
MITZI M. VAN CLEAVE, Trustee

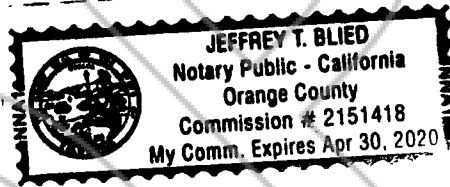
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)

COUNTY OF ORANGE)

SUBSCRIBED AND SWORN to (or affirmed) before me, this 29 day of May 2019, by **MICHAEL R. VAN CLEAVE** and **MITZI M. VAN CLEAVE**, proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

Signature 
Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

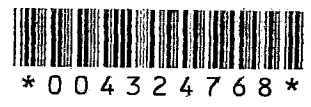
COUNTY OF ORANGE
HEALTH CARE AGENCY

3052019086463

CERTIFICATE OF DEATH

3201930007008

1. NAME OF DECEDENT - FIRST (Given) LAWRENCE		2. MIDDLE DURWARD		3. LAST (Family) VAN CLEAVE	
4. DATE OF BIRTH mm/dd/yyyy 03/19/1932		5. AGE Yrs. 87		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY NE		10. SOCIAL SECURITY NUMBER [REDACTED]-1974		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SPO* (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 04/23/2019		8. HOUR (24 Hours) 1345	
13. EDUCATION - Highest Level/Degree MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <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 TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION		19. YEARS IN OCCUPATION 43	
20. DECEDENT'S RESIDENCE (Street and number, or location) 13292 FLINT DRIVE					
21. CITY SANTA ANA		22. COUNTY/PROVINCE ORANGE		23. ZIP CODE 92705	
24. YEARS IN COUNTY 65		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP MICHAEL R. VAN CLEAVE, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 13292 FLINT DRIVE, SANTA ANA, CA 92705		
28. NAME OF SURVIVING SPOUSE/SPO* - FIRST MARJORIE		30. LAST (BIRTH NAME) VAN CLEAVE		34. BIRTH STATE NE	
31. NAME OF FATHER/PARENT - FIRST LUTHER		32. MIDDLE PERL		33. LAST VAN CLEAVE	
35. NAME OF MOTHER/PARENT - FIRST MARJORIE		36. MIDDLE EMILY		37. LAST (BIRTH NAME) PAYNE	
38. BIRTH STATE SD		39. DISPOSITION DATE mm/dd/yyyy 05/09/2019			
40. PLACE OF FINAL DISPOSITION ST. JOHN'S CEMETERY		154 SOUTH SHAFFER STREET, ORANGE, CA 92866			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER BREANNE RENO		43. LICENSE NUMBER EMB9442	
44. NAME OF FUNERAL ESTABLISHMENT FAIRWAY MEMORIAL PARK & MORTUARY		45. LICENSE NUMBER FD1313		46. SIGNATURE OF LOCAL REGISTRAR NICHOLE QUICK, MD	
47. DATE mm/dd/yyyy 04/26/2019					
101. PLACE OF DEATH RESIDENCE-HOSPICE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 13292 FLINT DRIVE		106. CITY SANTA ANA	
107. CAUSE OF DEATH (A) CARDIOPULMONARY ARREST		108. DEATH REPORTED TO CORONER? (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. ALTOUSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 107 NONE		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 Date mm/dd/yyyy: 04/21/2019 Decedent Last Seen Alive mm/dd/yyyy: 04/23/2019		115. SIGNATURE AND TITLE OF CERTIFIER ASHLEY EISTEIN MIRES M.D.		116. LICENSE NUMBER A88444	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ASHLEY EISTEIN MIRES M.D.		118. DATE mm/dd/yyyy 04/25/2019			
2041 WEST ORANGEWOOD AVENUE, ORANGE, CA 92868					
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. DECEASED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
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	
				"010001094190878"	



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF ORANGE } SS.

DATE ISSUED **May 3, 2019**

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.

Nichole Quick, MD
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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

CLERK-RECORDER

3052016220233

CERTIFICATE OF DEATH

3201630017122

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1 NAME OF DECEDENT - FIRST (Given) MARGARET		2 MIDDLE SULLIVAN		3 LAST (Surname) VAN CLEAVE	
4A ALSO KNOWN AS - Include MA AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH (mm/dd/yyyy) 11/19/1939	5 AGE Yrs. 76	6 MARITAL STATUS (Date of Marriage) MARRIED	7 SPECIAL LICENSE (Type) None
8 BIRTH STATE/FORIGN COUNTRY CA		10 SOCIAL SECURITY NUMBER 5745		11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.	12 DATE OF DEATH (mm/dd/yyyy) 11/08/2016
13 EDUCATION - Highest Level Degree (see instructions on back) MASTER'S		14 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instruction on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18 DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back) WHITE	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED COUNSELOR		18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) EDUCATION		19 YEARS IN OCCUPATION 39	
20 DECEDENT'S RESIDENCE (Street and number, or location) 13292 FLINT DR					
21 CITY SANTA ANA		22 COUNTY/PROVINCE ORANGE		23 ZIP CODE 92705	24 YEARS IN COUNTY 65
25 INFORMANT'S NAME RELATIONSHIP LAWRENCE VAN CLEAVE, HUSBAND		27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 13292 FLINT DR, SANTA ANA, CA 92705			
26 NAME OF SURVIVING SPOUSE/SPOUSE-FIRST LAWRENCE		28 MIDDLE -		30 LAST BIRTH NAME VAN CLEAVE	
31 NAME OF FATHER/PARENT-FIRST RUSSELL		32 MIDDLE C		34 BIRTH STATE IL	
33 NAME OF MOTHER/PARENT-FIRST CHARLOTTE		38 MIDDLE R		36 BIRTH STATE IL	
35 DEPOSITION DATE (mm/dd/yyyy) 11/17/2016		40 PLACE OF FINAL DISPOSITION (ST. JOHN CEMETERY) 154 SOUTH SHAFFER ST, ORANGE, CA 92666			
41 TYPE OF DISPOSITION BU		42 SIGNATURE OF EMBALMER NICKI HOBBS		43 LICENSE NUMBER EMB9011	
44 NAME OF FUNERAL ESTABLISHMENT FAIRHAVEN MORTUARY		45 LICENSE NUMBER FD1313		46 SIGNATURE OF LOCAL REGISTRAR ERIC G HANDLER, M D	
47 DATE (mm/dd/yyyy) 11/12/2016					
101 PLACE OF DEATH RESIDENCE - HOSPICE					
102 COUNTY ORANGE		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 13292 FLINT DR		106 CITY SANTA ANA	
103 CAUSE OF DEATH (Enter the chain of events - diseases, injuries, or external causes that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory failure unless showing the link(s). DO NOT abbreviate.)					
IMMEDIATE CAUSE (Final disease or condition resulting in death) CA CARDIOPULMONARY ARREST		109 MINS MIN		108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SECONDARY CAUSE (List conditions if any resulting in death on Line A. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST) END STAGE HODGKINS LYMPHOMA		110 YEARS YEARS		109 BODYSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111 USED IN DETERMINING CAUSE? <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 checked="" type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date(s) NO					
114 IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.					
115 CERTIFY (WHO TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED) 11/07/2016		116 SIGNATURE AND TITLE OF CERTIFIER POURYA MIRSAEID GHAZI M D.		117 DATE (mm/dd/yyyy) 11/11/2016	
118 TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP CODE POURYA MIRSAEID GHAZI M D		118 LICENSE NUMBER A112980			
119 CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED					
120 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		121 INQUIRY DATE (mm/dd/yyyy)		122 HOUR OF INQUIRY	
123 PLACE OF INQUIRY (e.g. home, construction site, roadside area, etc.)					
124 DESCRIBE HOW INQUIRY OCCURRED (e.g. name which resulted in inquiry)					
125 LOCATION OF INQUIRY (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	

071358



* 000850932 * CERTIFIED COPY OF VITAL RECORDS
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 ORANGE COUNTY CLERK-RECORDER.

DATE ISSUED **JUN 06 2019**

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

Hugh Nguyen
HUGH NGUYEN
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

