

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

Beck & Christian, APC
23041 Mill Creek Drive
Laguna Hills, CA 92653
Attn: Gregory M. Beck, Esq.



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA)
) ss.
COUNTY OF ORANGE)

The undersigned, ROBERT T. GRAHAM, on behalf of FIRST AMERICAN TRUST, FSB, Trustee, of legal age, being first duly sworn, deposes and says:

1. VERA ALEXANDRA CAIN, as Grantor, has heretofore entered into a Trust Agreement dated April 12, 2007, which established the CAIN LIVING TRUST.
2. Pursuant to the terms of the Trust Agreement, VERA ALEXANDRA CAIN was named as the original Trustee.
3. VERA ALEXANDRA CAIN died on April 16, 2019, as evidenced by a certified copy of her death certificate, which is attached hereto and incorporated herein by this reference.
4. VERA ALEXANDRA CAIN, mentioned in the attached certified copy of Certificate of Death, is the same person named as the original Trustee pursuant to the terms of the Trust Agreement.
5. The Trust Agreement provides that upon the death of VERA ALEXANDRA CAIN, FIRST AMERICAN TRUST, FSB shall act as Trustee of all trusts created pursuant to the Trust Agreement.
6. ROBERT T. GRAHAM, on behalf of FIRST AMERICAN TRUST, FSB, is executing and recording this Affidavit with the Douglas County Recorder to establish FIRST AMERICAN TRUST, FSB's succession as Trustee pursuant to the aforesaid Trust Agreement and to enable FIRST AMERICAN TRUST, FSB

to administer the assets of said Trust in accordance with the terms thereof, which assets include the real property described in Exhibit "A" attached hereto and incorporated herein by this reference.

7. Titleholder of the trust property until the death of VERA ALEXANDRA CAIN was VERA ALEXANDRA CAIN, Trustee of the CAIN LIVING TRUST dated April 12, 2007, pursuant to Grant Deed dated July 11, 2007, and recorded as Document No. 0709387 on September 18, 2007, in the Official Records of Douglas County, Nevada. Because of the death of VERA ALEXANDRA CAIN, the successor titleholder is FIRST AMERICAN TRUST, FSB, Trustee of the CAIN LIVING TRUST dated April 12, 2007.

DATED: June 24th, 2019

FIRST AMERICAN TRUST, FSB


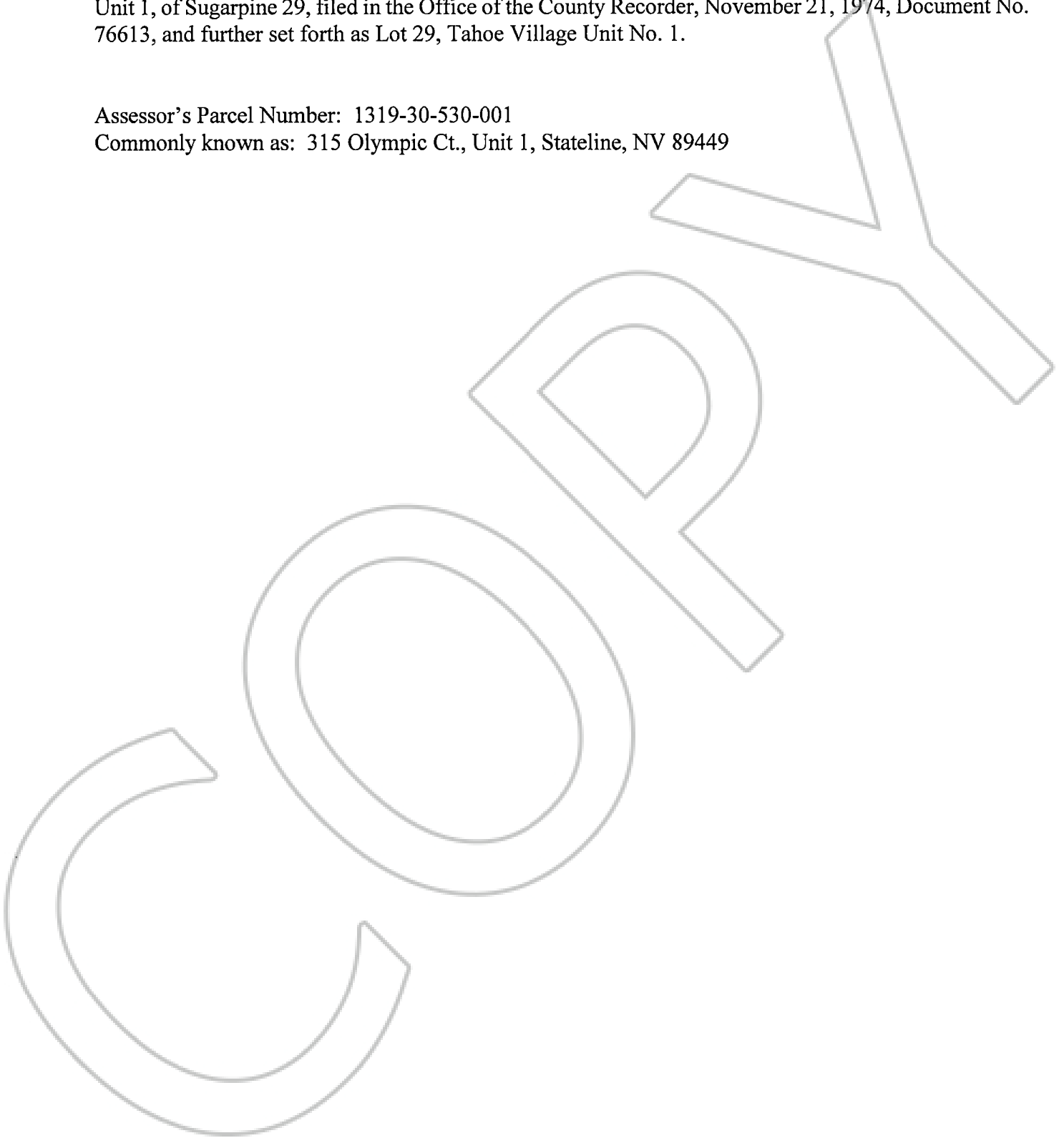
By: 
Robert T. Graham,
Vice President
Fiduciary Real Estate Manager

Exhibit "A"

Unit 1, of Sugarpine 29, filed in the Office of the County Recorder, November 21, 1974, Document No. 76613, and further set forth as Lot 29, Tahoe Village Unit No. 1.

Assessor's Parcel Number: 1319-30-530-001

Commonly known as: 315 Olympic Ct., Unit 1, Stateline, NV 89449



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

3052019083445 **CERTIFICATE OF DEATH** 3201919018832
STATE OF CALIFORNIA VITAL RECORDS DIVISION LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1 NAME OF DECEDENT - FIRST (Given) VERA		2 MIDDLE ALEXANDRA		3 LAST (Family) CAIN	
	AKA ALTERNATIVE NAMES (Include full name (FIRST MIDDLE LAST))					
	4 DATE OF BIRTH (mm/dd/yyyy) 08/19/1926		5 AGE Yrs 92		6 SEX F	
USUAL RESIDENCE	7 BIRTH STATE - PROVINCE COUNTRY NY		10 SOCIAL SECURITY NUMBER 0684		11 EMPLOYER'S BUSINESS PURPOSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	12 MARITAL STATUS (at time of death) WIDOWED		17 DATE OF DEATH (mm/dd/yyyy) 04/16/2019		8 HOUR 1533	
	13 OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ATTORNEY		14 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LAW		18 YEARS UNOCCUPATION 41	
USUAL RESIDENCE	20 DECEDENT'S RESIDENCE (Street and number or location) 1630 N JACKSON ROAD					
	21 CITY TURLOCK		22 COUNTY/PROVINCE STANISLAUS		23 ZIP CODE 95382	
	24 YEARS IN COUNTY 17		25 STATE/PROVINCE/COUNTRY CA			
SPOUSE/SIBLING AND PARENT INFORMATION	16 DECEASED'S NAME (First, Middle, Last) LAUREL CAIN DENK, DAUGHTER					
	17 DECEASED'S ADDRESS (Street and number or location, including city, state and zip) 68215 PELADORA ROAD, CATHEDRAL CITY, CA 92234					
	26 NAME OF SURVIVING SPOUSE/SIBLING - FIRST		29 MIDDLE		30 LAST (BIRTH NAME)	
FUNERAL DIRECTORY/ LOCAL REGISTRAR	34 DATE OF BURIAL 04/24/2019		43 PLACE OF FINAL DISPOSITION RESIDENCE, LAUREL CAIN DENK 68215 PELADORA ROAD, CATHEDRAL CITY, CA 92234			
	41 TYPE OF DISPOSITION CR/RES		42 SIGNATURE OF EMBALMER NOT EMBALMED			
	45 NUMBER OF FUNERAL ESTABLISHMENT MORTUARY		46 LICENSE NUMBER FD1152		47 SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
PLACE OF DEATH	101 PLACE OF DEATH CITY OF HOPE MEDICAL CENTER		102 HOSPITAL SPECIFY ONE <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> OTHER		103 OTHER THAN HOSPITAL SPECIFY ONE <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER	
	104 CITY LOS ANGELES		105 FACILITY ADDRESS OR LOCATION (Street and number or location) 1500 DUARTE RD DUARTE			
	107 CAUSE OF DEATH CARDIAC ARREST		108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109 DEATH REPORTED TO LAW ENFORCEMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAUSE OF DEATH	106 UNDERLYING CAUSE OF DEATH (Immediate cause of death) CARDIAC ARREST		110 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	106 UNDERLYING CAUSE OF DEATH (Underlying cause of death) CORONARY ARTERY DISEASE		111 ALL TOPIES PERFORMED? <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 ICD) NONE		113 ALL TOPIES PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
PHYSICIAN'S CERTIFICATION	114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE (I AM A LICENSED PHYSICIAN) AND I AM NOT PROVIDING THIS CERTIFICATE FOR THE PURPOSES OF A COURT PROCEEDING OR A COURT ORDER. NO		115 SIGNATURE AND TITLE OF CERTIFIER K. VENKATARAMAN M.D.		116 LICENSE NUMBER A26371	
	117 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, OR PHONE CITY 1500 E DUARTE RD, DUARTE, CA 91010		118 DATE 05/06/2010		119 DATE 04/23/2019	
	119 CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED NO		120 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121 HURRY DATE (mm/dd/yyyy)	
CORONER'S USE ONLY	122 PLACE OF INJURY (e.g., traffic construction site, industrial area, etc.)		123 SIGNATURE OF CORONER/DEPUTY CORONER		124 DATE (mm/dd/yyyy)	
	125 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		126 SIGNATURE OF CORONER/DEPUTY CORONER		127 DATE (mm/dd/yyyy)	
	128 SIGNATURE OF CORONER/DEPUTY CORONER		129 DATE (mm/dd/yyyy)		130 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	

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This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
 Registrar-Recorder/County Clerk

JUN 07 2019



0007009032 - 02



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK

3052019083445

STATE FILE NUMBER

1.1

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3201919018832

LOCAL REGISTRATION NUMBER

BIRTH [X] DEATH [] FETAL DEATH []

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

Form with fields: 1A. NAME-FIRST (VERA), 1B. MIDDLE (ALEXANDRA), 1C. LAST (CAIN), 2. SEX (F), 3. DATE OF EVENT (04/16/2019), 4. CITY OF EVENT (DUARTE), 5. COUNTY OF EVENT (LOS ANGELES), 6. FULL NAME OF FATHER/PARENT (ENDRE - BOHEM), 7. FULL NAME OF MOTHER/PARENT (BLANCA - KANARIK)

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

Table with 3 columns: 8. ITEM NUMBER TO BE CORRECTED (20), 9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD (1630 N. JACKSON ROAD), 10. CORRECTED INFORMATION AS IT SHOULD APPEAR (1630 N. JOHNSON ROAD)

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11 CORRECT TYPOGRAPHICAL ERROR

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

Form with fields for signatures and dates: 12A. SIGNATURE OF FIRST PERSON (TERESA HERRERA), 12B. PRINTED NAME (TERESA HERRERA), 12C. TITLE/RELATIONSHIP TO PERSON IN PART I (OFFICE MANAGER), 12D. ADDRESS (200 E. DUARTE ROAD, MONROVIA, CA 91016), 12E. DATE SIGNED (05/16/2019), 13A. SIGNATURE OF SECOND PERSON (MIROSA PINA), 13B. PRINTED NAME (MIROSA PINA), 13C. TITLE/RELATIONSHIP TO PERSON IN PART I (ADMINISTRATION), 13D. ADDRESS (200 E. DUARTE RD, MONROVIA, CA 91016), 13E. DATE SIGNED (05/16/2019)

14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR (STATE REGISTRAR - OFFICE OF VITAL RECORDS), 15. DATE ACCEPTED FOR REGISTRATION (05/16/2019)

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24a (REV. 1/08)

1.1

This is to certify that this document is a true copy of the official record filed with the Registrar/Recorder/County Clerk.

Signature of Dean C. Logan, Registrar/Recorder/County Clerk

JUN 07 2019



0007009032 - 03



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE