

APN# : PTN of 1320-08-002-007



00108179202009433770050051

KAREN ELLISON, RECORDER

Recording Requested By:

Western Title Company

When Recorded Mail To:

Joshua Southwick
405 Hickory Lane
San Rafael, CA 94903

Mail Tax Statements to: (deeds only)

same as above

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

Wendy Dunbar

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Joshua Andrew Birchfield Southwick, of legal age, being first duly sworn, deposes and says:

1. Samuel George Southwick, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Samuel George Southwick named as Trustee in the Declaration of Trust dated 12/7/1992 and executed by Samuel George Southwick as Trustor(s).
2. At the time of the decedent's death, decedent was the record Lessee, as Trustee, of certain property commonly known as Hangar F-32 Minden, NV 89423, which property is described in a Lease which was executed by Douglas County, a political subdivision of the state of Nevada as Lessor(s) on April 16, 1998 and recorded as Instrument No. 0437569, in Book 0498, Page 3338, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

3. The legal description of said property is as follows:

All that certain property situate in the County of Douglas, State of Nevada, described as follows:

LEASEHOLD PARCEL:

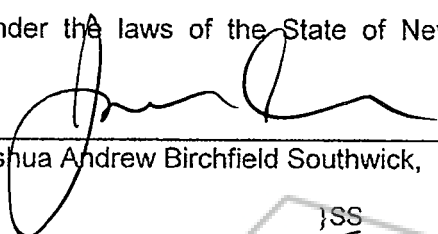
All that portion of Section 17, Township 13 North, Range 20 East, M.D.M., more particularly described as follows:

Beginning at a point which bears North 83°08'13" East 87.65 feet from Airport Monument No. 4; thence North 45°47'02" East 36.00 feet; thence South 44°12'58" East 44.00 feet; thence South 45°47'02" West 36.00 feet; thence North 44°12'58" West 44.00 feet to the Point of Beginning.

NOTE: The above metes and bounds description appeared previously in that certain First Amendment to the Lease recorded in the office of the County Recorder of Douglas County, Nevada on June 12, 2002, in Book 602, Page 3500 as Document No. 544416 of Official Records.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated March 2, 2020 
Joshua Andrew Birchfield Southwick,

STATE OF NEVADA

JSS

COUNTY OF _____

This instrument was acknowledged before me on _____

By Joshua Andrew Birchfield

Southwick.

Notary Public

See attached acknowledgment. c.l.



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 San Francisco }

On March 2, 2020 before me, Carrie Lee Lindh - Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Joshua Andrew Southwick
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 _____
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: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

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: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3201837004833

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) SAMUEL		2. MIDDLE GEORGE	
3. LAST (Family) SOUTHWICK		4. DATE OF BIRTH mm/dd/yyyy 01/24/1929	
5. AGE Yrs 89		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER 8464	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> JNK		12. MARITAL STATUS/SDP* (at Time of Death) DIVORCED	
13. EDUCATION - Highest Level Degree (See worksheet on back) PROFESSIONAL		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (1 yes see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of 1st DO NOT USE RETIRED DOCTOR		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICINE		18. YEARS IN OCCUPATION 40	
20. DECEDENT'S RESIDENCE (Street and number, or location) 3836 INCA ROAD			
21. CITY BORREGO SPRINGS		22. COUNTY/PROVINCE SAN DIEGO	
23. ZIP CODE 92004		24. YEARS IN COUNTY 50	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME RELATIONSHIP JOSHUA SOUTHWICK, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 405 HICKORY LANE, SAN RAFAEL, CA 94903			
28. NAME OF SURVIVING SPOUSE/SDP - FIRST -		29. MIDDLE -	
30. LAST (BIRTH NAME) -		31. NAME OF FATHER/PARENT - FIRST HARRY	
32. MIDDLE H.		33. LAST SOUTHWICK	
34. BIRTH STATE IL		35. NAME OF MOTHER/PARENT - FIRST BENITA	
36. MIDDLE -		37. LAST (BIRTH NAME) BROWN	
38. BIRTH STATE IL		39. DISPOSITION DATE mm/dd/yyyy 03/15/2018	
40. PLACE OF FINAL DISPOSITION RES. JOSHUA SOUTHWICK 405 HICKORY LANE, SAN RAFAEL, CA 94903		41. TYPE OF DISPOSITION(S) CR/RES	
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT CALIFORNIA FUNERAL ALTERNATIVES INC		45. LICENSE NUMBER FD1624	
46. SIGNATURE OF LOCAL REGISTRAR WILMA J WOOTEN, MD MPH		47. DATE mm/dd/yyyy 03/15/2018	
101. PLACE OF DEATH REMINGTON CLUB HEALTH CENTER			
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/CP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input checked="" 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"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN DIEGO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 16915 HIERBA DRIVE	
106. CITY SAN DIEGO		107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) SEVERE ANEMIA (B) END STAGE MYELOFIBROSIS	
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 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO			
113A. IF FEMALE PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		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: 03/05/2018 Decedent Last Seen Alive: 03/08/2018	
115. SIGNATURE AND TITLE OF CERTIFIER TEJA SINGH JR M.D.		116. LICENSE NUMBER A89960	
117. DATE mm/dd/yyyy 03/15/2018		118. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP CODE TEJA SINGH JR M.D. 2810 CAMINO DEL RIO S SUITE 102, SAN DIEGO, CA 92108	
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"/> Accidental <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
 010001003826642

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: 3/15/2018 WILMA J. WOOTEN, M.D., M.P.H.
 REGISTRAR OF VITAL RECORDS
 County of San Diego



A003303563

