

APN# 1022-10-002-088



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:  
Name: Norma B. Rodriguez  
Address: 4056 Alcorn St.  
City/State/Zip: San Diego, CA 92154

Mail Tax Statements to:  
Name: Norma B. Rodrigiez  
Address: 4056 Alcorn St.  
City/State/Zip: San Diego, CA 92154

**Affidavit of Death of 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)

*Norma B. Rodriguez*  
Signature

Norma B. Rodriguez  
Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recording requested by:

Norma B. Rodriguez

And when recorded, mail to:

Norma Rodriguez  
4056 Alcorn St.  
San Diego, CA 92154

APN: 1022-10-002-088

For recorder's use

### AFFIDAVIT OF DEATH OF TRUSTEE

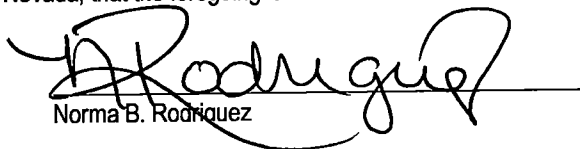
State of California )  
) ss.  
County of San Diego )

Norma B. Rodriguez, of legal age, being first duly sworn, deposes and says:

1. Marvin Charles Langohr, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Marvin C. Langohr named as Trustee in the Declaration of Trust dated October 15, 2004, and executed by Marvin C. Langohr and Carmen Langohr as Grantors and Trustees. Carmen O. Langohr, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Carmen Langohr named as Trustee in the Declaration of Trust dated October 15, 2004, and executed by Marvin C. Langohr and Carmen Langohr as Grantors and Trustees
2. At the time of the decedents' death, decedent were the record owners, as Trustees, of certain real property commonly known as 1380 Albite Road, Wellington, NV 89444, which property is described in a Deed which was executed by Marvin C. Langohr and Carmen Langohr, Trustees of the Marvin and Carmen Langohr Revocable Trust dated 07/02/1995, as Grantors on October 15, 2004, and recorded on December 27, 2004, as Document No. 0632872, in Book 1204, Page 11759, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  
Lot 172, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, as filed in the office of the County Recorder of Douglas County, Nevada, on February 20, 1967, in Book 47, page 761, as Document No. 35464.
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedents 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 4/21/2020

  
Norma B. Rodriguez

**ALL-PURPOSE ACKNOWLEDGMENT**

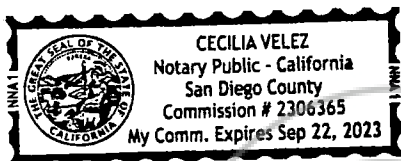
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }  
County of San Diego } SS.

On 4/21/2020, before me, CECILIA VELEZ, Notary Public,

personally appeared Norma B. Rodriguez, 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.

*Cecilia Velez*

PLACE NOTARY SEAL IN ABOVE SPACE

NOTARY'S SIGNATURE

**OPTIONAL INFORMATION**

The information below is optional. However, it may prove valuable and could prevent fraudulent attachment of this form to an unauthorized document.

**CAPACITY CLAIMED BY SIGNER (PRINCIPAL)**

- INDIVIDUAL
- CORPORATE OFFICER \_\_\_\_\_ TITLE(S)
- PARTNER(S)
- ATTORNEY-IN-FACT
- GUARDIAN/CONSERVATOR
- SUBSCRIBING WITNESS
- OTHER: \_\_\_\_\_

**DESCRIPTION OF ATTACHED DOCUMENT**

Affidavit of Death of Trustee  
TITLE OR TYPE OF DOCUMENT

5

NUMBER OF PAGES

4/21/2020

DATE OF DOCUMENT

**SIGNER (PRINCIPAL) IS REPRESENTING:**  
NAME OF PERSON(S) OR ENTITY(IES)

RIGHT THUMBPRINT OF SIGNER

OTHER



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF RIVERSIDE

### RIVERSIDE, CALIFORNIA CERTIFICATE OF DEATH

3200633003385

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE	
MARVIN		CHARLES	
3. LAST (Family)		LANGOHR	
4. DATE OF BIRTH mm/dd/yyyy			
12/10/1928			
5. AGE Yrs.		6. SEX	
77		M	
7. DATE OF DEATH mm/dd/yyyy			
03/26/2006			
8. HOUR (24 Hours)			
1100			
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
MI		-3344	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MARRIED	
13. EDUCATION — Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)	
8		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)		17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	
WHITE		SALESMAN	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
RETAIL		30	
20. DECEDENT'S RESIDENCE (Street and number or location)			
16095 VIA MEDIA			
21. CITY		22. COUNTY/PROVINCE	
LAKE ELSINORE		RIVERSIDE	
23. ZIP CODE		24. YEARS IN COUNTY	
92530		2	
25. STATE/FOREIGN COUNTRY		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route, number, city or town, state, ZIP)	
REBECCA LANGOHR-VARGAS, DAUGHTER		1324 PECAN TEXARKANA, AR 71854	
28. NAME OF FATHER — FIRST		29. LAST (Maiden Name)	
CARMEN		PACHO	
30. MIDDLE		0	
31. NAME OF FATHER — FIRST		32. MIDDLE	
HENRY		-	
33. LAST		34. BIRTH STATE	
LANGOHR		IN	
35. NAME OF MOTHER — FIRST		36. MIDDLE	
ELIZABETH		-	
37. LAST (Maiden)		38. BIRTH STATE	
SAVERS		IN	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
03/31/2006		RES: REBECCA LANGOHR-VARGAS 1324 PECAN TEXARKANA, AR 71854	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/TR/RES		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		INLAND MEMORIAL HARFORD CHAPEL	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD 282		GARY M FELDMAN, MD	
47. DATE mm/dd/yyyy		48. DATE mm/dd/yyyy	
03/30/2006		03/30/2006	
101. PLACE OF DEATH			
HEMET VALLEY MEDICAL CENTER			
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice		<input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
RIVERSIDE		1117 E. DEVONSHIRE	
106. CITY		HEMET	
107. CAUSE OF DEATH			
Enter the chain of events — disease, trauma, 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 (A)		Time Interval Between Onset and Death	
(A) CARDIORESPIRATORY ARREST		(A) MINS	
108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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		113. IF FEMALE, PREGNANT IN LAST YEAR?	
CVA, CHRONIC ATRIAL FIBRILLATION		<input type="checkbox"/> YES <input checked="" 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			
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
S.A. KASSAMALI M.D., 949 CALHOUN PLACE #G HEMET, CA 92543		A325250	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
03/29/2006		S.A. KASSAMALI M.D., 949 CALHOUN PLACE #G HEMET, CA 92543	
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input checked="" 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		FAX AUTH. #	
-		03/30/2006	
CENSUS TRACT		-	



\* 0 3 4 3 5 8 6 5 5 \*

**CERTIFIED COPY OF VITAL RECORDS**  
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Assessor-County Clerk-Recorder.

DATE ISSUED

JAN 29 2014

This copy is not valid unless prepared on engraved border displaying date, seal and signature of the Assessor-County Clerk-Recorder.

*Larry W. Ward*  
**LARRY W. WARD**  
ASSESSOR-COUNTY CLERK-RECORDER  
RIVERSIDE COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF SAN DIEGO

3052015017504

CERTIFICATE OF DEATH

3201537001549

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES / WRITING OUTS OR ALTERNATING VS. (W/REV 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>CARMEN</b>		2. MIDDLE <b>O</b>		3. LAST (Family) <b>LANGOHR</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>01/29/1934</b>		5. AGE Yrs. <b>80</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>MEXICO</b>		10. SOCIAL SECURITY NUMBER <b>6202</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. EDUCATION - Highest Level/Degree (see worksheet on back) <b>08</b>		13. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <b>MEXICAN</b>		14. MARITAL STATUS/SPECIFY (at time of Death) <b>WIDOWED</b>	
17. USUAL OCCUPATION - type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION <b>30</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>4056 ALCORN ST</b>		21. CITY <b>SAN DIEGO</b>		22. COUNTY/STATE <b>SAN DIEGO</b>	
23. INFORMANT'S NAME, RELATIONSHIP <b>NORMA RODRIGUEZ, DAUGHTER</b>		24. ZIP CODE <b>92154</b>		25. YEARS IN COUNTY <b>8</b>	
26. NAME OF SURVIVING SPOUSE/SPOFF - FIRST		27. MIDDLE		28. LAST (BIRTH NAME)	
29. NAME OF FATHER/PARENT - FIRST <b>ANSELMO</b>		30. MIDDLE		31. LAST <b>PACHO</b>	
32. NAME OF MOTHER/PARENT - FIRST <b>REBECA</b>		33. MIDDLE		34. LAST (BIRTH NAME) <b>CALLEJA</b>	
35. DISPOSITION DATE mm/dd/yyyy <b>01/30/2015</b>		36. PLACE OF FINAL DISPOSITION <b>RES NORMA RODRIGUEZ DAUGHTER 4056 ALCORN ST, SAN DIEGO, CA 92154</b>		37. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
38. TYPE OF DISPOSITION <b>CR/RES</b>		39. LICENSE NUMBER <b>FD1658</b>		40. SIGNATURE OF LOCAL REGISTRAR <b>WILMA WOOTEN, MD</b>	
41. NAME OF FUNERAL ESTABLISHMENT <b>AZTLAN MORTUARY</b>		42. LICENSE NUMBER		43. DATE mm/dd/yyyy <b>01/29/2015</b>	
101. PLACE OF DEATH <b>OWN RESIDENCE</b>		102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>4056 ALCORN ST</b>		103. CITY <b>SAN DIEGO</b>	
104. COUNTY <b>SAN DIEGO</b>		105. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> OCA <input type="checkbox"/> HOSP/DO <input type="checkbox"/> NURSING HOME/LTC <input checked="" type="checkbox"/> DEDICATED HOME <input type="checkbox"/> OTHER		106. DATE mm/dd/yyyy <b>01/28/2015</b>	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>A) IDIOPATHIC PULMONARY FIBROSIS</b>		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIRTH STATE <b>MEXICO</b>	
110. UNDERLYING CAUSE (Sequence of conditions, if any, leading to cause of death) <b>IDIOPATHIC PULMONARY FIBROSIS</b>		111. ALTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		115. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
116. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES LISTED Decedent's 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		117. SIGNATURE AND TITLE OF CERTIFIER <b>NITTLY SINGH CHAHAL M.D.</b>		118. LICENSE NUMBER <b>A102337</b>	
119. DATE mm/dd/yyyy <b>01/25/2015</b>		120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>NITTLY SINGH CHAHAL M.D. 9655 GRANITE RIDGE DR, SAN DIEGO, CA 92173</b>		121. DATE mm/dd/yyyy <b>01/28/2015</b>	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		124. INJURY DATE mm/dd/yyyy	
125. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		126. HOUR (24 hour)		127. DATE mm/dd/yyyy	
128. LOCATION OF INJURY (Street and number, or location, and city, and zip)		129. SIGNATURE OF CORONER / DEPUTY CORONER		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		"010001002846879"		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. Required fee paid.

*Wilma J. Wooten, M.D.*

DATE ISSUED: February 2, 2015

WILMA J. WOOTEN, MD  
REGISTRAR OF VITAL RECORDS  
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar



\*A002821676\*