

WHEN RECORDED MAIL TO:  
**Richard D. Adams and Robert D. Adams,**  
**Successor Trustees of The Patricia E.**  
**Adams Revocable Trust, dated January**  
**25, 2007**  
5 Via Pelayo  
Rancho Santa Margarita, CA 92688

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02002105RLT

APN No.: 1220-16-810-076

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of Douglas }

Richard D. Adams and Robert D. Adams, being duly sworn, deposes and says:

1. Patricia Eloise Adams, the decedent mentioned in attached copy of Certificate of Death, is the same person as Patricia E. Adams named as one of the trustee(s) in that certain Quitclaim Deed dated January 25, 2007, executed by Patricia E. Adams to Patricia E. Adams, Trustee of the Patricia E., Adams Revocable Trust Dated January 25, 2007, recorded on February 6, 2007 as instrument number 0694417, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That we, Richard D. Adams and Robert D. Adams, am named within the aforementioned trust as successor trustees;
3. That we hereby consent to act as successor trustees of the aforementioned trust and do hereby assume the powers and duties as successor trustees of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: April 7, 2020

Signatures and Notary Acknowledgement are on page 2

*[Handwritten Signature]*

Richard D. Adams, Successor Trustee

*[Handwritten Signature]*

Robert D. Adams, Successor Trustee

STATE OF NEVADA CA } ss:  
COUNTY OF DOUGLAS orange

This instrument was acknowledged before me on April 16, 2020  
by - Richard D. Adams and Robert D. Adams

*[Handwritten Signature]*  
NOTARY PUBLIC



*[Large 'COPY' watermark]*

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF ORANGE**  
**HEALTH CARE AGENCY**

3052018220259

**CERTIFICATE OF DEATH**

3201830017460

1. NAME OF DECEDENT - FIRST (Print)		2. MIDDLE		3. LAST (Family)	
PATRICIA		ELOISE		ADAMS	
4. DATE OF BIRTH					
03/09/1940					
5. AGE Yrs. Mths. Ds.					
79 9 12					
6. SEX					
F					
7. BIRTH STATE/FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER		9. EVER IN U.S. ARMED FORCES	
CA		7771		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> U.S.R.	
10. EDUCATION - Highest Level (Date)		11. WAS DECEDENT HENRY/NAVY/COMMISSIONED? (If yes, the rank or rate)		12. MARITAL STATUS (Print in full)	
BACHELOR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WIDOWED	
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		14. KIND OF BUSINESS OR INDUSTRY (If a factory, shop, firm, etc., give name, address, city, state and zip)		15. YEARS IN OCCUPATION	
ADMINISTRATIVE ASSISTANT		GOLDEN WEST COLLEGE		20	
16. DECEDENT'S RESIDENCE (Street and number, or P.O. box)					
7801 RETHERFORD DR.					
17. CITY		18. COUNTY		19. STATE/FOREIGN COUNTRY	
HUNTINGTON BEACH		ORANGE		CA	
20. INFORMANT'S NAME, RELATIONSHIP					
ROBERT ADAMS, SON					
21. INFORMANT'S MAILING ADDRESS (Street and number, P.O. box, city, state and zip)					
21412 ARBORWOOD LAKE FOREST, CA 92630					
22. NAME OF SURVIVING SPOUSE/STEP - FIRST			23. LAST (Family Name)		
24. NAME OF FATHER-IN-LAW - FIRST		25. MIDDLE		26. LAST (Family Name)	
JAMES		DAVID		COOPER	
27. NAME OF MOTHER-IN-LAW - FIRST		28. MIDDLE		29. LAST (Family Name)	
MILDRED		ELOISE		LAXSON	
30. BIRTH STATE		31. BIRTH STATE		32. BIRTH STATE	
CA		CA		OK	
33. DATE OF DEATH		34. PLACE OF FINAL DISPOSITION			
11/04/2019		ST. WILFRID OF YORK 18831 CHAPEL LN., HUNTINGTON BEACH, CA 92646			
35. TYPE OF DISPOSITION		36. SIGNATURE OF EXAMINER			
CRURIAL		NOT EMBALMED			
37. NAME OF FUNERAL ESTABLISHMENT		38. LICENSE NUMBER		39. SIGNATURE OF LOCAL REGISTRAR	
HERITAGE DILDAAY MEMORIAL		FD1193		NICHOLE QUICK, MD	
40. DATE OF DEATH		41. LICENSE NUMBER			
11/04/2019		11/04/2019			
101. PLACE OF DEATH					
MEMORIALCARE ORANGE COAST MEDICAL CENTER					
102. IF HOSPITAL, SPECIFY ONE					
<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/EP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/JC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE					
104. COUNTY					
ORANGE					
105. FACILITY ADDRESS OR LOCATION (Street and number, and city and county)					
9920 TALBERT AVE. FOUNTAIN VALLEY					
106. CITY					
107. CAUSE OF DEATH					
IMMEDIATE CAUSE (Print disease or condition resulting in death)					
CARDIOPULMONARY ARREST					
108. DEATH REPORTED TO CORPSE BY					
MINS. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
109. DEATH REPORTED TO CORPSE BY					
DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. DEATH REPORTED TO CORPSE BY					
DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. DEATH REPORTED TO CORPSE BY					
DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Print in full)					
NON SMALL CELL LUNG CANCER					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
NO					
114. CERTIFY THAT TO THE BEST OF YOUR KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE AS STATED FROM THE CHIEF CAUSE STATED					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER / 117. DATE			
BILLY TOAN LE D.O.		20A11949 10/31/2019			
118. TYPE ADDRESS PHYSICIAN'S NAME (MAILING ADDRESS, ZIP CODE)					
BILLY TOAN LE D.O.					
119. TYPE ADDRESS PHYSICIAN'S HOME ADDRESS (ZIP CODE)					
9820 TALBERT AVE, FOUNTAIN VALLEY, CA 92708					
120. MANNER OF DEATH					
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicidal <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U.S.R.					
121. PLANNED AT WORK?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> U.S.R.					
122. HOURS OF DEATH					
123. PLACE OF BIRTH (e.g., home, convalescent, etc., specify area, etc.)					
124. DESCRIBE HOW BIRTH OCCURRED (Specify which preceded if twins)					
125. LOCATION OF BIRTH (Street and number, or P.O. box, city, state and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
127. DATE					
128. TYPE NAME / TITLE OF CORONER / DEPUTY CORONER					
129. STATE REGISTRAR					
130. FAX AUTH.#					
131. CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORDS

\* 0 0 4 4 1 4 8 8 4 \*

STATE OF CALIFORNIA }  
 COUNTY OF ORANGE } SS

DATE ISSUED November 5, 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, M.D.*  
 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.



**Order No.: 02002105-RLT**

**EXHIBIT A**

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

Lot 10 in Block G as said lot and block are shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 10, 1967 in Map Book 1, Page 55, Filing No. 35914.

APN: 1220-16-810-076

