

WHEN RECORDED MAIL TO:

Jeanne A. Tomalas, Trustee of The James Tomalas Trust, dated January 2, 2013

310 CERRO LANE
LHC, AZ. 85403

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. 02003997RLT

APN No.: 1320-29-610-072

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Jeanne A James , being duly sworn, deposes and says:

1. Raymond Louis Tomales, the decedent mentioned in attached copy of Certificate of Death, is the same person as Raymond Louis Tomales named as one of the trustee(s) in that certain Grant Bargain and Sale Deed dated 3-11-2013, executed by ABN Enterprises, LLC to Raymond Louis Tomales and Jeanne A James, Trustees if the James Tomales Trust , recorded on 03/28/2013 as instrument number 820827, 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 I, Jeanne A James , am named within the aforementioned trust as surviving trustee;
- 3. That I hereby consent to act as trustee of the aforementioned trust and do hereby assume the powers and duties as trustee 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: July 8, 2020


Jeanne A James
Jeanne A James, Surviving Trustee

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 7/9/2020,
by *Jeanne A James*

NOTARY PUBLIC

 **RISHELE L. THOMPSON**
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 99-54931-5 - Expires April 10, 2023

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

State File Number
102-2020-023368

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) RAYMOND, LOUIS, TOMALAS		2. AKA'S (IF ANY)		3. DATE OF DEATH 05/04/2020	
4. SEX MALE	5. SOCIAL SECURITY NUMBER [REDACTED] 7977	6. DATE OF BIRTH 07/29/1945	7. AGE 74 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH LAKE HAVASU CITY, MOHAVE, 86403					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) RESIDENCE - 310 CERRO LANE					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILLINOIS		11. MARITAL STATUS MARRIED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) JEANNE, ANN, MOODY	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 310 CERRO LANE, LAKE HAVASU CITY, MOHAVE, AZ, 86403					
14. DECEDENT'S HISPANIC ORIGIN(S) NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S) WHITE		16. EVER IN ARMED FORCES NO	
17. OCCUPATION CABINET MAKER					
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) LOUIS, TOMALAS			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) RUTH, LOUISE, QUIRAM		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) JEANNE, ANN, JAMES				21. RELATIONSHIP SPOUSE	
22. INFORMANT'S MAILING ADDRESS 310 CERRO LANE, LAKE HAVASU CITY, AZ, 86403					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON LIETZ-FRAZE FUNERAL HOME & CREMATORY - LAKE HAVASU CITY 21 RIVIERA BOULEVARD, LAKE HAVASU CITY, AZ, 86403			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON KRISTEN, LIETZ		25. LICENSE NUMBER FUN000968
26. METHOD(S) OF DISPOSITION CREMATION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY LAKEVIEW CREMATORY LAKE HAVASU CITY, AZ, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
29. A. IMMEDIATE CAUSE OF DEATH CIRRHOSIS OF LIVER, UNSPECIFIED				30. APPROXIMATE INTERVAL 1 YEAR	
31. B. DUE TO OR AS A CONSEQUENCE OF:				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:			38. INJURY? NO	39. INJURY AT WORK?	40. MANNER OF DEATH NATURAL DEATH
			41. TIME OF DEATH 06:33 PM	42. WAS AN AUTOPSY PERFORMED? NO	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.			44. NAME OF PERSON COMPLETING CAUSE OF DEATH PAUL, O'NEILL		45. DATE CERTIFIED 05/08/2020
46. CERTIFIER'S ADDRESS 500 N LAKE HAVASU AVENUE #D102, LAKE HAVASU CITY, AZ, 86403					

Date Registered: 05/08/2020

Date Issued: 06/11/2020

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

Krystal Coleburn
**KRYSTAL COLEBURN
ASSISTANT STATE REGISTRAR**



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

J2590416

COPY

