

ASSESSOR'S PARCEL NO. 1318-15-819-001

WHEN RECORDED MAIL TO:

RICHARD GLASNER, ESQ.
RICHARD GLASNER, A.P.L.C.
501 W. BROADWAY
SUITE 700
SAN DIEGO, CA 92101

MAIL TAX NOTICES TO:

JENNIFER N. BENNETT, TRUSTEE
2201 AMBER LANE
ESCONDIDO, CA 92026

Affidavit of Successor Trustee

The undersigned JENNIFER N. BENNETT, of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. MILDRED F. BRANCH is named as Trustee under that certain Robert H. Branch and Mildred F. Branch Declaration Trust dated August 4, 1987 (herein, the "Trust").
2. MILDRED F. BRANCH died on FEBRUARY 2, 2018, and is the decedent named in that particular Certificate of Death attached hereto and made a part hereof.
3. MILDRED F. BRANCH is the same person named as a trustee grantee in that particular deed recorded as Document No. 0717542, on February 7, 2008, and in the particular Affidavit – Death of Trustor/Trustee (Robert H. Branch, Decedent) recorded as Document No. 2017-907648, on December 4, 2017, both in the office of the Recorder of Douglas County, Nevada.
4. JENNIFER N. BENNETT is designated as the successor trustee under the Trust, to serve upon the death of MILDRED F. BRANCH. The Trust was in effect at the date of the death of MILDRED F. BRANCH and has not been revoked. JENNIFER N. BENNETT has consented to act as trustee under the Trust.

(Signature on following page.)

Jennifer N. Bennett
JENNIFER N. BENNETT

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)

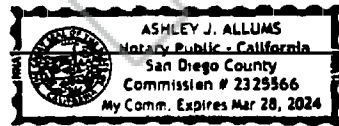
Subscribed and sworn to (or affirmed) before me on this 20th day of June, 2020, by Ashley J. Allums, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Witness my hand and official seal.

Ashley J. Allums
Signature of Notary Public

ASHLEY J. ALLUMS
Commission # 2325566
Expiration 03/28/2024

[Affix Notary Seal]



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3201837002512

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given) MILDRED		3. LAST (Family) BRANCH	
2. MIDDLE FAYE		5. AGE Yrs. 91	
AKA, ALSO KNOWN AS - Include in I.A.K.A. (FIRST, MIDDLE, LAST)		6. PLACE OF BIRTH (City, State, Country) 91	
9. BIRTH STATE/FOREIGN COUNTRY AZ		10. SOCIAL SECURITY NUMBER 8590	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MAR. STATUS (SP/DP/M/Div)	
13. EDUCATION - Highest Level (Grade) ASSOCIATE		14. DATE OF DEATH (mm/dd/yyyy) 02/02/2018	
14/15. WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, see worksheet or back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet or back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED REALTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE	
20. DECEASED'S RESIDENCE (Street and number, or location) 2201 AMBER LN		19. YEARS IN OCCUPATION 20	
21. CITY ESCONDIDO		22. COUNTY/PROVINCE SAN DIEGO	
23. ZIP CODE 92026		24. YEARS IN COUNTRY 40	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP JENNIFER BENNETT, DPOA	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) PO BOX 156, JULIAN, CA 92036		28. NAME OF SURVIVING SPOUSE/SPOD - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST JOHN		32. MIDDLE WESLEY	
33. NAME OF MOTHER/PARENT - FIRST WILLIE		34. LAST (BIRTH NAME) GOLDEN	
35. MIDDLE SUE		36. LAST (BIRTH NAME) BROOKS	
37. BIRTH STATE UNK		38. BIRTH STATE UNK	
30. DISPOSITION DATE (mm/dd/yyyy) 02/08/2018		40. PLACE OF FINAL DISPOSITION OAK HILL MEMORIAL PARK 2840 GLENRIDGE RD, ESCONDIDO, CA 92027	
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER THOMAS HENDERSON	
43. LICENSE NUMBER EMB8829		44. NAME OF FUNERAL ESTABLISHMENT BROS. & STEWART MORTUARY AND CREMATION SERVICE	
45. LICENSE NUMBER FD568		46. SIGNATURE OF LOCAL REGISTRAR WILMA J WOOTEN, MD MPH	
47. DATE (mm/dd/yyyy) 02/08/2018		48. LICENSE NUMBER 50	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Other	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other		104. COUNTY SAN DIEGO	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2201 AMBER LN		106. CITY ESCONDIDO	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE. (A) CHRONIC DIASTOLIC HEART FAILURE (B) HYPERTENSION (C) PULMONARY FIBROSIS (D) _____		108. DEATH REPORTED TO CORONER? Time in all boxes: Street and Death (A) YRS (B) YRS (C) YRS (D) YRS	
109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <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 107 SEVERE KYPHOSCOLIOSIS	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 107 OR 112? (If yes, list type of operation and date) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. SIGNATURE AND TITLE OF CERTIFIER REBECCA SAMUELS D.O.		116. LICENSE NUMBER 20A11221	
117. DATE (mm/dd/yyyy) 02/07/2018		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE REBECCA SAMUELS D.O. 625 E GRAND AVE, ESCONDIDO, CA 92025	
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 <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		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.	
A B C D E		GENSUS 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. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

Wilma J. Wooten, M.D.

DATE ISSUED: 2/14/2018 WILMA J. WOOTEN, M.D., M.P.H.
REGISTRAR OF VITAL RECORDS
County of San Diego

