

(4) Said trust appointed MARY GRIFFING, and I to serve as Successor Trustees upon the death or incapacity of EUGENE D. GRIFFING and ROSEANN M. GRIFFING.

(5) That EUGENE D. GRIFFING, also known as EUGENE DUDLEY GRIFFING is now deceased, having died in County of Los Angeles, State of California on May 21, 2017. Attached hereto is a certified copy of the Certificate of Death of EUGENE DUDLEY GRIFFING, which has been duly filed in the Vital Records of the County Health Department, County of Los Angeles, State of California. That your affiant expressly incorporates said Certificate of Death in this affidavit.

(6) That ROSEANN M. GRIFFING GRIFFING, also known as ROSEANN MARY GRIFFING is now deceased, having died in County of Los Angeles, State of California on May 9, 2020. Attached hereto is a certified copy of the Certificate of Death of ROSEANN MARY GRIFFING, which has been duly filed in the Vital Records of the County Health Department, County of Los Angeles, State of California. That your affiant expressly incorporates said Certificate of Death in this affidavit.

(7) Pursuant to the terms of the Trust, MARY GRIFFING and I have assumed the responsibilities of Successor Trustee.

(8) That during the lifetime of the said EUGENE DUDLEY GRIFFING and ROSEANN MARY GRIFFING, were the owners, of the beneficial interest in that certain Deed of Trust recorded October 21, 2005, as Document No. 0658526, Official Records, Douglas County, Nevada, situate in Douglas County, Nevada, more particularly described as follows:

Lot 1 in Block A as set forth on the map of Thompson Acres Unit #2, filed for record in the office of the County Recorder of Douglas County, Nevada on March 22, 1978 in Book 378, Page 1424 as Document No. 18827.

(9) That MICHAEL B. GRIFFING and MARRY GRIFFING as Successor Co-Trustees of THE GRIFFING LIVING TRUST dated November 1, 1998, as amended and restated on May 9, 2006, are the successors in the beneficial interest of said Deed of Trust, as evidenced by that certain Assignment of Deed of Trust recorded concurrently or substantially concurrently herewith.

(10) MARY GRIFFING and I, as Successor Co-Trustees, are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustees with respect to the Trust's interest in the described property.

(11) No other person has a right to the interest of the Trust in the described property.

Executed this 27 day of Sept, 2021, at Lincoln City, California. ~~Oregon~~

Michael B. Griffing
Michael B. Griffing,
Successor Co-Trustee

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.

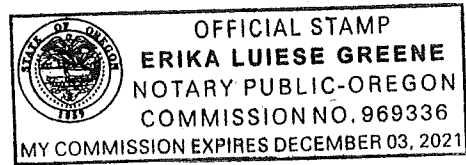
STATE OF Oregon)
) ss
COUNTY OF Lincoln)

On September 27, 2021, before me, Erika Luiese Greene, a Notary Public in and for said State, personally appeared MICHAEL B. GRIFFING, Successor Trustee of the MICHAEL B. GRIFFING, as Successor Co-Trustee of the GRIFFING LIVING TRUST dated November 1, 1998, as amended and restated on May 9, 2006, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of ~~California~~ Oregon that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Erika Luiese Greene
(Signature)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052017111107 **CERTIFICATE OF DEATH** 3201719024575
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS
VS-1 (REV. 2005)

| | | | | | |
|--|--|---|---|---|---|
| 1. NAME OF DECEDENT - FIRST (Given) EUGENE | | 2. MIDDLE DUDLEY | | 3. LAST (Family) GRIFFING | |
| AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) | | | | | |
| 4. DATE OF BIRTH mm/dd/yyyy 07/28/1930 | | 5. AGE Yrs. 86 | 6. UNK ONE YEAR Months Days | 7. UNK TWO HOURS Hours Minutes | 8. SEX M |
| 9. BIRTH STATE/FOREIGN COUNTRY OK | | 10. SOCIAL SECURITY NUMBER ██████-9318 | | 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | 12. MARITAL STATUS/SP* (at time of death) MARRIED |
| 13. EDUCATION - Highest Level Degree (See worksheet on back) GED | | 14. WAS DECEDENT HISPANIC/LATINO/ASIAN/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 15. DECEDENT'S RACE - Up to 3 races may be listed (See worksheet on back) CAUCASIAN | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ELECTRICIAN | | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COMMERCIAL CONSTRUCTION | | 19. YEARS IN OCCUPATION 42 |
| 20. DECEDENT'S RESIDENCE (Street and number, or location) 1445 HIGHLAND AVE | | | | | |
| 21. CITY GLENDALE | | 22. COUNTY/PROVINCE LOS ANGELES | | 23. ZIP CODE 91202 | 24. YEARS IN COUNTY 73 |
| 25. STATE/FOREIGN COUNTRY CA | | | | | |
| 26. INFORMANT'S NAME, RELATIONSHIP MICHAEL B GRIFFING, SON | | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1914 NW 36TH ST, LINCOLN CITY, OR 97367 | | |
| 28. NAME OF SURVIVING SPOUSE/SRDP - FIRST ROSEANN | | 29. MIDDLE MARY | 30. LAST (BIRTH NAME) GLASER | | 31. BIRTH STATE LA |
| 31. NAME OF FATHER/PARENT - FIRST SAMUEL | | 32. MIDDLE | | 33. LAST GRIFFING | |
| 35. NAME OF MOTHER/PARENT - FIRST DELLA | | 36. MIDDLE | | 37. LAST (BIRTH NAME) MC INTIRE | |
| 38. DISPOSITION DATE mm/dd/yyyy 06/01/2017 | | 40. PLACE OF FINAL DISPOSITION RESIDENCE MICHAEL B GRIFFING 1914 NW 36TH ST, LINCOLN CITY, OR 97367 | | | |
| 41. TYPE OF DISPOSITION(S) CR/TR/RES | | 42. SIGNATURE OF EMBALMER NOT EMBALMED | | 43. LICENSE NUMBER | |
| 44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY | | 45. LICENSE NUMBER FD1359 | 46. SIGNATURE OF LOCAL REGISTRAR JEFFREY GUNZENHAUSER, MD | | 47. DATE mm/dd/yyyy 06/01/2017 |
| 101. PLACE OF DEATH SENIOR HOME CARE | | 102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ENOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other | |
| 104. COUNTY LOS ANGELES | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3534 TAMARISK DR. | | 106. CITY PALMDALE | |
| 107. CAUSE OF DEATH Enter the chain of events -- disease, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator failure without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → CARDIOPULMONARY ARREST | | | | | |
| 108. END STAGE PARKINSON'S DISEASE <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 DYSPHAGIA | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO | | | | | |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ON THIS CERTIFICATE Decedent Attended Since: <input type="checkbox"/> <input checked="" type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/> <input checked="" type="checkbox"/> | | 115. SIGNATURE AND TITLE OF CERTIFIER VIGEN KHOJAYAN M.D. | | 116. LICENSE NUMBER A101697 | 117. DATE mm/dd/yyyy 05/24/2017 |
| 118. 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"/> Accident <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 checked="" type="checkbox"/> UNK | | 121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hour) 05/15/2017 05:21/2017 | |
| 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 TRAGT

CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

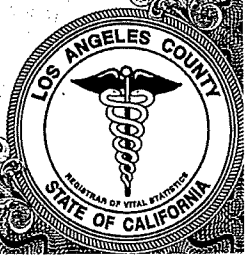


DATE ISSUED
 Health Officer and Registrar
[Signature]
 DO 18

JUN - 2 - 2017

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052020106007

CERTIFICATE OF DEATH

3202019025158

| | | | | | |
|---|---|---|---|--|---|
| STATE FILE NUMBER | | STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (06/15/09) | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) ROSEANN | | 2. MIDDLE MARY | | 3. LAST (Family) GRIFFING | |
| AKA, ALSO KNOWN AS - Include M AKA (FIRST, MIDDLE, LAST) | | 4. DATE OF BIRTH mm/dd/yyyy 12/11/1926 | 5. AGE Yrs 93 | 6. SEX F | |
| 9. BIRTH STATE/FOREIGN COUNTRY OH | 10. SOCIAL SECURITY NUMBER 9826 | 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | 12. MARITAL STATUS/SOP* (at Time of Death) WIDOWED | 7. DATE OF DEATH mm/dd/yyyy 05/09/2020 | 8. HOUR (24 Hours) 0400 |
| 13. EDUCATION - Highest Level/Degree (See worksheet on back) ASSOCIATE | | 14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED REGISTERED NURSE | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICAL | | 19. YEARS IN OCCUPATION UNK | |
| 20. DECEDENT'S RESIDENCE (Street and number, or location) 3434 TAMARISK DR | | | | | |
| 21. CITY PALMDALE | | 22. COUNTY/PROVINCE LOS ANGELES | | 23. ZIP CODE 93551 | 24. YEARS IN COUNTY 62 |
| 25. STATE/FOREIGN COUNTRY CA | | | | | |
| 26. INFORMANT'S NAME, RELATIONSHIP MICHAEL GRIFFING, SON | | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1914 NW 36TH ST, LINCOLN CITY, OR 97367 | | |
| 28. NAME OF SURVIVING SPOUSE/SOP* - FIRST - | | 29. MIDDLE - | | 30. LAST (BIRTH NAME) - | |
| 31. NAME OF FATHER/PARENT - FIRST ANDREW | | 32. MIDDLE - | | 33. LAST GLASER | |
| 34. BIRTH STATE OH | | 35. NAME OF MOTHER/PARENT - FIRST GENEVA | | 36. MIDDLE - | |
| 37. LAST (BIRTH NAME) HEBBELER | | 38. BIRTH STATE OH | | | |
| 39. DISPOSITION DATE mm/dd/yyyy 05/15/2020 | | 40. PLACE OF FINAL DISPOSITION RES: MICHAEL GRIFFING 1914 NW 36TH ST, LINCOLN CITY, OR 97367 | | | |
| 41. TYPE OF DISPOSITIONS CR/TR/RES | | 42. SIGNATURE OF EMBALLER NOT EMBALMED | | 43. LICENSE NUMBER - | |
| 44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY | | 45. LICENSE NUMBER FD1359 | 46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D. | | 47. DATE mm/dd/yyyy 05/15/2020 |
| 101. PLACE OF DEATH MARIPOSA RESIDENTIAL CARE | | 102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other | | | |
| 104. COUNTY LOS ANGELES | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3434 TAMARISK DR | | 106. CITY PALMDALE | |
| 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 ventricular fibrillation without showing the etiology. DO NOT abbreviate. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOPULMONARY ARREST | | 108. DEATH REFERRED TO CLFO/ATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 109. SECS (B) SECS | |
| Underlying Cause (Disease or injury that initiated the events resulting in death) LAST (C) ALZHEIMER'S DISEASE | | 110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 111. AUTOPSY PERFORMED? <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 STAGE III CHRONIC KIDNEY DISEASE, HYPOTHYROIDISM | | 113. LIKED IN DETERMINED CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 114. USED IN DETERMINED CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO | | 116. SIGNATURE AND TITLE OF CERTIFIER POOYA MOBASSERI D.O. | | 117. LICENSE NUMBER 20A10982 | 118. DATE mm/dd/yyyy 05/14/2020 |
| 119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE POOYA MOBASSERI D.O. 1575 N LAKE AVE STE#, WOODLAND HILLS, CA 91364 | | | | | |
| 120. 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 | | 121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 122. HOURS (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 | |

CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



002449009

DATE ISSUED

Health Officer and Registrar

MAY 21 2020

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALOSANGOL