

RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:

Name LARSEN & RISLEY  
ATTORNEYS AT LAW

Street 3200 PARK CENTER DRIVE  
Address SUITE 720

City, COSTA MESA, CA 92626  
State,  
& Zip

SPACE ABOVE THIS LINE FOR RECORDER'S USE

APN: 1318-23-215-005

**AFFIDAVIT OF DEATH OF TRUSTEE**

STATE OF CALIFORNIA

COUNTY OF ORANGE

MARIAN L. MARION, Trustee, of legal age, being first duly sworn, deposes and says:

1. CARL H. MARION and MARIAN L. MARION, as Trustees, have heretofore entered into a Declaration of Trust dated May 9, 1988, pursuant to which THE MARION TRUST was established. This Trust has never been recorded in any County Recorder's Office.

2. Pursuant to the terms of the Declaration of Trust, CARL H. MARION and MARIAN L. MARION were named as the original Trustees.

3. The Declaration of Trust provides that, upon the death of CARL H. MARION, MARIAN L. MARION shall act as successor Trustee of all trusts created pursuant to the Declaration of Trust.

4. CARL HENRY MARION became deceased on December 21, 2022, as evidenced by a certified copy of his Certificate of Death which is attached hereto and incorporated herein by reference.

5. CARL HENRY MARION, identified as the decedent in the attached certified copy of Certificate of Death, is the same person named as one of the parties in that certain Grant Deed dated May 9, 1988, executed by CARL H. MARION and MARIAN L. MARION, husband and wife, as joint tenants, as to an undivided one half interest, to CARL H. MARION and MARIAN L. MARION, Trustees of THE MARION TRUST, dated May 9, 1988, and recorded May 24, 1988, as Document No. 178587, in the Official Records of Douglas County, Nevada, regarding an interest in real property located in Douglas County, Nevada, more fully described as follows:

Lot 11, LAKE VILLAGE, UNIT 2-A, as shown on the map recorded in the office of the County Recorder on August 9, 1972, in Book 1 of Maps, as Document No. 61076.

SUBJECT TO: All covenants, conditions, restrictions, reservations, rights, rights of way, and easements of record, if any.

More commonly known as: 184 Clubhouse Avenue, Zephyr Cove, NV 89448

**MAIL TAX STATEMENTS TO:**

MARIAN L. MARION, Trustee  
Name

2342 N. San Miguel Drive  
Street Address

Orange, CA 92867  
City, State, & Zip



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

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

3052022297622

**CERTIFICATE OF DEATH**

3202230023465

STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS  
VS-11 (REV 3/08)

STATE FILE NUMBER 3052022297622		CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/08)		LOCAL REGISTRATION NUMBER 3202230023465				
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) CARL		2. MIDDLE HENRY		3. LAST (Family) MARION			
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 03/06/1928		5. AGE Yrs. 94 IF UNDER ONE YEAR: Months Days IF UNDER 24 HOURS: Hours Minutes		
	8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED] 1478		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR <input type="checkbox"/> YES <input type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		7. DATE OF DEATH mm/dd/yyyy 12/21/2022	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, roof construction, employment agency, etc.) LOGISTICS		19. YEARS IN OCCUPATION 40				
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 2342 N. SAN MIGUEL DRIVE							
	21. CITY ORANGE		22. COUNTY/PROVINCE ORANGE		23. ZIP CODE 92867			
	24. YEARS IN COUNTY 50		25. STATE/FOREIGN COUNTRY CA					
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP CAROLE SUE GOVER, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 21880 DEVERON COVE, YORBA LINDA, CA 92887				
	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST MARIAN		29. MIDDLE LILLY		30. LAST (BIRTH NAME) HARRIS			
SPOUSE/SRDP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT - FIRST CARL		32. MIDDLE DOUGLAS		33. LAST MARION			
	35. NAME OF MOTHER/PARENT - FIRST JOYCE		36. MIDDLE JACQUELINE		37. LAST (BIRTH NAME) WILKINS			
	34. BIRTH STATE OR		38. BIRTH STATE UT					
FUNERAL DIRECTORY / LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 01/09/2023		40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518					
	41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED					
	43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT MCAULAY & WALLACE MORTUARY		45. LICENSE NUMBER FD190			
PLACE OF DEATH	46. SIGNATURE OF LOCAL REGISTRAR ▶ REGINA CHINSIO-KWONG, DO		47. DATE mm/dd/yyyy 12/27/2022					
	101. PLACE OF DEATH RESIDENCE ORANGE, COUNTY		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
	104. COUNTY ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2342 N. SAN MIGUEL DRIVE		106. CITY ORANGE			
	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. (A) MYOCARDIAL INFARCTION (B) HYPERTENSION (C) (D)		108. TIME INTERVAL BETWEEN Onset and Death (AT) MINS 22-0756Z-MM (BT) YRS		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input 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 CHRONIC KIDNEY DISEASE, RESPIRATORY INFECTION								
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO								
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive: (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER ▶ MICHAEL W GILBERT, MD		116. LICENSE NUMBER G59081			
	117. DATE mm/dd/yyyy 04/02/2013 11/18/2022		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL W GILBERT, MD 2501 E CHAPMAN AVE STE 20, ORANGE, CA 92869					
CORONER'S USE ONLY	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"/> 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 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			
STATE REGISTRAR	A	B	C	D	E	FAX AUTH#		



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF ORANGE } SS

DATE ISSUED January 6, 2023

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.

*Regina Chinsio-Kwong*  
REGINA CHINSIO-KWONG, DO  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

