

APN 002-057-03
APN 003-033-06

Grantee's address:
James B. Porth and Susan R. Medwied
32 Santa Teresa
Rancho Santa Margarita, CA 92688

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Susan Medwied
2005 JAN 14 PM 2:18

EUREKA COUNTY, NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES \$1500

194994

PRESUMPTION OF DEATH AND AFFIDAVIT OF SURVIVING CO-TRUSTEE

STATE OF CALIFORNIA)
COUNTY OF ORANGE)

CAROL H. PORTH, being first duly sworn and under penalty of perjury does make this statement as follows:

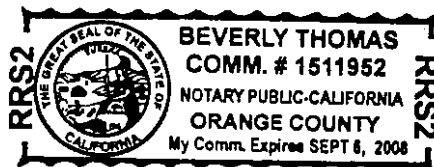
1. That on the 31st of January, 1992, James W. Porth and Carol H. Porth, as Grantors, created the James W. Porth and Carol H. Porth living trust pursuant to the laws of the State of California.
2. That pursuant to the terms of said trust, James W. Porth and Carol H. Porth were appointed co-trustees.
3. That on August 11, 2000, James W. Porth died in Orange County, California; a copy of his death certificate is attached hereto.
4. That pursuant to the terms of the trust and applicable law, the undersigned, Carol H. Porth, is the surviving co-trustee of said trust.

Dated this 29th day of December, 2004.

Carol H. Porth TTEE
Carol H. Porth,
surviving co-trustee of the James W.
Porth and Carol H. Porth Living Trust

Subscribed and sworn to before me this 29th day of December, 2004.

Beverly Thomas
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3 200030 010531

STATE FILE NUMBER: _____ STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS 11 (REV. 1000) LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) James 2. MIDDLE William 3. LAST (FAMILY) Porth

4. DATE OF BIRTH MM/DD/CCYY 08/15/1913 5. AGE YRS 86 6. SEX M 7. DATE OF DEATH MM/DD/CCYY 08/11/2000 8. HOUR 1622

9. STATE OF BIRTH WI 10. SOCIAL SECURITY NO. [REDACTED] 11. MILITARY SERVICE [REDACTED] 12. MARITAL STATUS Married 13. EDUCATION—YEARS COMPLETED 17

14. RACE White 15. HISPANIC—SPECIFY [REDACTED] 16. USUAL EMPLOYER Chellis Gallery

17. OCCUPATION Salesman 18. KIND OF BUSINESS Retail Art Sales 19. YEARS IN OCCUPATION 15

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 532 De Anza Drive

21. CITY Corona Del Mar 22. COUNTY Orange 23. ZIP CODE 92625 24. YRS IN COUNTY 45 25. STATE OR FOREIGN COUNTRY CA

26. NAME, RELATIONSHIP Carol H. Porth - Wife 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 532 De Anza Dr. Corona Del Mar, CA 92625

28. NAME OF SURVIVING SPOUSE—FIRST Carol 29. MIDDLE [REDACTED] 30. LAST (MAIDEN NAME) Hammersmith

31. NAME OF FATHER—FIRST William 32. MIDDLE [REDACTED] 33. LAST Porth 34. BIRTH STATE WI

35. NAME OF MOTHER—FIRST Florence 36. MIDDLE [REDACTED] 37. LAST (MAIDEN) Dusold 38. BIRTH STATE WI

39. DATE MM/DD/CCYY 08/17/2000 40. PLACE OF FINAL DISPOSITION Res. of Carol H. Porth, 532 De Anza Dr. Corona Del Mar, CA 92625

41. TYPE OF DISPOSITION: CR/RES 42. SIGNATURE OF EMPLOYER [REDACTED]

43. LICENSE NO. [REDACTED]

44. NAME OF FUNERAL DIRECTOR Telophase Cremation Society 45. LICENSE NO. FD 1273 46. SIGNATURE OF FUNERAL DIRECTOR [REDACTED]

47. DATE MM/DD/CCYY 08/16/2000

101. PLACE OF DEATH Hoag Memorial Hospital 102. IF HOSPITAL, SPECIFY ONE: IP BRHP DSA CONV. HOSP. RES. CARE OTHER 103. FACILITY OTHER THAN HOSPITAL 104. COUNTY Orange

105. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1 Hoag Drive 106. CITY Newport Beach

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)
 IMMEDIATE CAUSE (A) Cardiac Arrest (B) Congestive Heart Failure (C) Coronary Artery Disease (D) Renal Failure
 DUE TO (A) Cardiac Arrest (B) Congestive Heart Failure (C) Coronary Artery Disease (D) Renal Failure
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108. DEATH REPORTED TO CORONER: YES NO REFERRAL NUMBER [REDACTED]

109. BIOPSY PERFORMED: YES NO

110. AUTOPSY PERFORMED: YES NO

111. USED IN DETERMINING CAUSE: YES NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: No

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 FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE [REDACTED] DECEASED NOT SEEN ALIVE [REDACTED]

115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED] 116. LICENSE NO. A046414 117. DATE MM/DD/CCYY 08/16/2000

118. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP: Donald Levin M.D. 415 016 Newport Blvd. Newport Beach, CA 92663

119. MANOR OF DEATH: NATURAL SUICIDE HOMICIDE ACCIDENT PENDING INVESTIGATION COULD NOT BE DETERMINED

120. INJURY AT WORK? YES NO 121. INJURY DATE MM/DD/CCYY 122. HOUR 123. PLACE OF INJURY [REDACTED]

124. DESCRIBE HOW INJURY OCCURRED AND EVENTS WHICH RESULTED IN INJURY: [REDACTED]

125. LOCATION STREET AND NUMBER OR LOCATION AND CITY, ZIP: [REDACTED]

126. SIGNATURE OF CORONER OR DEPUTY CORONER [REDACTED] 127. DATE MM/DD/CCYY [REDACTED] 128. TYPED NAME TITLE OF CORONER OR DEPUTY CORONER [REDACTED]

STATE REGISTRAR A B C D E F G H FAX AUTH. # 6677 CENSUS TRACT

788018

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED

AUG 24 2000

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.

194994

MARK B. HORTON, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

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