DOC # 0213039
01/13/2009 01:07 PM
Official Record
Recording requested By
CONNIE GROH-BETHURUM
Eureka County - NV
Mike Rebaleati - Recorder
Fee: $17.00 Page 1 of 4
RPTT: Recorded By: FES
Book- 0485 Page- 0021
0213039

APN # 3-102-08

RECORDING REQUESTED
AND RETURN TO:
Connie Groh-Bethurum
46 Vista La Cuesta
Rancho Santa Margarita, California 92668

MAIL TAX STATEMENTS TO:
Connie Groh-Bethurum
46 Vista La Cuesta
Rancho Santa Margarita, California 92668

AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEES

AND ASSUMPTION OF TRUSTEESHIP BY SUCCESSOR TRUSTEE

A.P.N. # 3-102-08 Eureka County, Nevada

STATE OF CALIFORNIA)
) SS.
COUNTY OF ORANGE)

The undersigned, Connie Groh-Bethurum being first duly sworn, depose and say that, Thomas S. Groh and Merrilee J. Groh, Co-Trustees of the GROH FAMILY TRUST dated May 16, 1992, are the same Thomas S. Groh and Merrilee J. Groh as indicated in the attached certified copies of Certificate of Death and the same Thomas S. Groh and Merrilee J. Groh named as the parties in that certain Grant Deed dated February 13, 1995, executed by Thomas S. Groh and Merrilee J. Groh, as joint tenants, to Thomas S. Groh and Merrilee J. Groh, Co-Trustees of the GROH FAMILY TRUST dated May 16, 1992, recorded as Document No. 157914, Book 282, Page 543, on May 11, 1995, of Official Records of the County of Eureka, State of Nevada, covering the following described real property:

Unimproved Land: Lot 5 of Block 14, of Crescent Valley Ranch and Farms Unit No. 4, as per map recorded in said County as File No. 34552.

Connie Groh-Bethurum, further declares that, as a result of the death of Thomas S. Groh and Merrilee J. Groh, she is the Trustee of the above-mentioned Trust.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this affidavit is executed on the date and place indicated below.

Executed on January 7, 2009, in the City of Lake Forest, County of Orange, State of California.

Connie Groh-Bethurum, Trustee

Connie Groh-Bethurum, Trustee

STATE OF CALIFORNIA)
) ss.
COUNTY OF ORANGE)

Subscribed and sworn to (or affirmed) before me on this 7th day of January, 2009, by Connie Groh-Bethurum, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal

C. R. ABRAMS
Commission # 1722365
Notary Public - California
Orange County
My Comm. Expires Jan 30, 2011

Notary Public for said State

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS — VS-11 (REV 1/03)

STATE FILE NUMBER: 32003 35002908 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)
MERRILEE	JUNE	GROH

AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST):

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	If UNDER ONE YEAR: Months / Days	If UNDER 24 HOURS: Hours / Minutes	6. SEX
08/21/1932	70			F

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
OH	[redacted]	YES / X NO / UNK	MARRIED	03/25/2003	1310

13. EDUCATION — Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back)	16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	YES / X NO	WHITE

17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
HOUSEKEEPER	HOUSEKEEPING	45

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location)				
6301 CRESCENT AVE.				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
BUENA PARK	ORANGE	90620	45	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
CONNIE BETHURUM; DAUGHTER	45 VISTA LA CUESTA, RANCHO SANTA MARGARITA, CA 92688

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Maiden Name)	
THOMAS	STEPHEN	GROH	
31. NAME OF FATHER — FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
UNK.	UNK.	UNK.	UNK.
35. NAME OF MOTHER — FIRST	**36. MIDDLE**	**37. LAST (Maiden)**	**38. BIRTH STATE**
VIRGINIA	MARY	MORROW	OH

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION		
03/28/2003	FOREST LAWN MEMORIAL PARK, 4471 LINCOLN AVENUE, CYPRESS, CA 90630		
41. TYPE OF DISPOSITION(S)	**42. SIGNATURE OF EMBALMER**		**43. LICENSE NUMBER**
BURIAL	Kiyasuo		7914
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER**	**46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE mm/dd/ccyy**
FOREST LAWN MORTUARY, CYPRESS	FD-1051	MD	03/28/2003

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
DESERT VALLEY HOSPITAL	X IP / ER/OP / DOA	Hospice / Nursing Home/LTC / Decedent's Home / Other	
104. COUNTY	**105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)**		**106. CITY**
SAN BERNARDINO	16850 BEAR VALLEY RD.		VICTORVILLE

CAUSE OF DEATH

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.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) →	RESPIRATORY FAILURE	(AT) HOURS	X YES / X NO
Sequentially, list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B)	PNEUMONIA	(BT) DAYS	109. BIOPSY PERFORMED? YES / X NO
(C)		(CT)	110. AUTOPSY PERFORMED? YES / X NO
(D)		(DT)	111. USED IN DETERMINING CAUSE? YES / NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: CONGESTIVE HEART FAILURE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	113A. IF FEMALE, PREGNANT IN LAST YEAR?
NO	YES / X NO / UNK

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.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
Decedent Attended Since / Decedent Last Seen Alive	Vivek Singh Gill M.D.	A61054	03/27/2003
(A) mm/dd/ccyy: 03/20/2003 / (B) mm/dd/ccyy: 03/20/2003	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: VIVEK GILL M.D. 4383 PHELAN RD. PHELAN, CA 92371		

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: Natural / Accident / Homicide / Suicide / Pending Investigation / Could not be determined	120. INJURED AT WORK? YES / NO / UNK	121. INJURY DATE mm/dd/ccyy	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/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR	A 2-4-11	B	C	D	E	FAX AUTH. #	CENSUS TRACT
						1197302	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED 05/29/2003

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

THOMAS J. PRENDERGAST, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

001283266

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

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS

VS 11REV (/04)

STATE FILE NUMBER: 3200736011180

LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)
THOMAS	S.	GROH

AKA, ALSO KNOWN AS — Include "a/k/a" (FIRST, MIDDLE, LAST)	4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR: Months / Days	IF UNDER 24 HOURS: Hours / Minutes	6. SEX
-	08/01/1934	73			M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (at Time of Death)	13. DATE OF DEATH mm/dd/ccyy	14. HOUR (24 Hours)
OH	[redacted]	[ ] YES [X] NO [ ] UNK	WIDOWED	12/04/2007	2250

15. EDUCATION — Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes see worksheet on back)	16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	[ ] YES [X] NO	CAUCASIAN

17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
TRUCK DRIVER	CONSTRUCTION	30

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location)				
6301 CRESCENT AVE.				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
BUENA PARK	ORANGE	90620	46	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
CONNIE BETHURUM, DAUGHTER	46 VISTA LA CUESTA, RANCHO SANTA MARGARITA, CA 92688

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Maiden Name)	
-	-	-	
31. NAME OF FATHER — FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
STEPHEN	-	GROH	OH
35. NAME OF MOTHER — FIRST	**36. MIDDLE**	**37. LAST (Maiden)**	**38. BIRTH STATE**
VIRGINIA	-	ADAMOVICH	OH

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
12/10/2007	FOREST LAWN MEMORIAL PARK	4471 LINCOLN AVE., CYPRESS, CA 90630

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
BU	AMY LANERGAN	EMB8927

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
FOREST LAWN MEMR PRKS & MTYS	FD1051	MARGARET BEED, MD	12/07/2007

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
STERLING COMMONS	[ ] IP [ ] ER/OP [ ] DOA	[ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [X] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	106. CITY
SAN BERNARDINO	17797 LINDERO RD.	VICTORVILLE

CAUSE OF DEATH

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.

Time Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(a) CARDIAC ARREST	(AT) MINS	
Sequentially, list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(b) CEREBROVASCULAR ACCIDENT	(BT) YRS	
	(c) ALZHEIMER'S DEMENTIA	(CT) YRS	
	(d)	(DT)	

108. DEATH REPORTED TO CORONER? [X] YES [ ] NO — REFERRAL NUMBER: 700709058

109. BIOPSY PERFORMED? [ ] YES [X] NO

110. AUTOPSY PERFORMED? [ ] YES [X] NO

111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: SEIZURE DISORDER-DUE TO HISTORY OF MYOCARDIAL INFARCTIONS

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO

113A. IF FEMALE PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

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.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
	WENDELL E. WETTSTEIN M.D.	G31737	12/07/2007

Decedent Attended Since (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
07/02/2007	11/11/2007	WENDELL E. WETTSTEIN M.D. 12370 HESPERIA ROAD SUITE 15, VICTORVILLE, CA 92392

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: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined

120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK

121. INJURY DATE mm/dd/ccyy

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/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH. #	CENSUS TRACT
	[illegible]					*012007000669455*		

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED: Dec 12, 2007

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Margaret M Beed MD

ERIC FRANKLIN, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

0 0 1 7 2 5 3 9 1

This copy not valid unless prepared on engraved border displaying seal of State of California