DOC # 0214963
04/26/2010 08:48 AM
Official Record
Recording requested By
SPIEGELMAN & EDWARDS
Eureka County - NV
Mike Rebaleati - Recorder
Fee: $16.00 Page 1 of 3
RPTT: Recorded By: FES
Book- 499 Page- 0191
0214963

RECORDING REQUESTED BY:

Spiegelman and Edwards

AND WHEN RECORDED MAIL TO:

Spiegelman and Edwards
A Professional Law Corporation
433 N. Camden Drive
Suite 600
Beverly Hills, CA 90210

AFFIDAVIT – DEATH OF TRUSTOR, TRUSTEE & BENEFICIARY

State of California)
County of Los Angeles) SS

Assessor's Parcel No. 05-720-05

LORRAINE P. LIPMAN is of legal age, being first duly sworn, deposes and says:

That MAXWELL GABRIEL LIPMAN, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as MAXWELL GABRIEL LIPMAN, named as the party in that certain Grant Deed (Trust Transfer Deed) dated April 29, 1992, executed by MAXWELL GABRIEL and LORRAINE PHYLLIS LIPMAN to the decedent as the Trustor of the MAXWELL GABRIEL LIPMAN and LORRAINE PHYLLIS LIPMAN REVOCABLE TRUST of April 29, 1992, as well as a beneficiary under said Trust; it being further acknowledged that LORRAINE PHYLLIS LIPMAN is the Successor Trustee pursuant to the terms of said Trust, and a beneficiary under said Declaration of Trust. The original Grant Deed (Trust Transfer Deed) aforementioned is recorded as Doc No. 145268 Official Records of Eureka County, State of Nevada, covering the following described property situated in the County of Eureka, State of Nevada:

> 10 acres more or less being: The east ½ of the west ½ of the south ½ of the south ½ of the northwest ¼ of Section 31, township 29 north, range 52 east, Mount Diablo Base & Meridian. Subject to encumbrances of record.

Assessor's Parcel No. 05-720-05

I declare under penalty of perjury that the foregoing is true and correct, executed at Los Angeles, California.

DATED: 3/30/10

LORRAINE P. LIPMAN, Successor Trustee

COPY

STATE OF CALIFORNIA)
) SS
COUNTY OF LOS ANGELES)

On March 30, 2010 before me, B. Rous, the undersigned Notary Public, personally appeared Lorraine P. Lipman, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in her authorized capacity, and that by her 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 that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL.

B. ROUS
Commission # 1752214
Notary Public - California
Los Angeles County
My Comm. Expires Jun 19, 2011

B. Rous
NOTARY PUBLIC

COPY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11(REV. 1/04)

STATE FILE NUMBER: 3200919044128
LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): MAXWELL
2. MIDDLE: GABRIEL
3. LAST (Family): LIPMAN
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 12/21/1918
5. AGE Yrs.: 90
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: M
9. BIRTH STATE/FOREIGN COUNTRY: MASSACHUSETS
10. SOCIAL SECURITY NUMBER: [redacted]
11. EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS (at Time of Death): MARRIED
7. DATE OF DEATH mm/dd/ccyy: 11/04/2009
8. HOUR (24 Hours): 1150
13. EDUCATION — Highest Level/Degree (see worksheet on back): HS GRADUATE
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) [ ] YES [X] NO
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): WHITE
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: SHEETMETAL WORKER
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): SHEETMETAL
19. YEARS IN OCCUPATION: 42

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 3548 FEDERAL AVENUE
21. CITY: LOS ANGELES
22. COUNTY/PROVINCE: LOS ANGELES
23. ZIP CODE: 90066
24. YEARS IN COUNTY: 61
25. STATE/FOREIGN COUNTRY: CALIFORNIA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: LORRAINE LIPMAN, WIFE
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 3548 FEDERAL AVENUE, LOS ANGELES, CA 90066

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: LORRAINE
29. MIDDLE: -
30. LAST (Maiden Name): NAAR
31. NAME OF FATHER — FIRST: LOUIS
32. MIDDLE: -
33. LAST: LIPMAN
34. BIRTH STATE: MA
35. NAME OF MOTHER — FIRST: SADIE
36. MIDDLE: -
37. LAST (Maiden): PILLAR
38. BIRTH STATE: MA

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 11/06/2009
40. PLACE OF FINAL DISPOSITION: HILLSIDE MEMORIAL PARK 6001 CENTINELA AVENUE, LOS ANGELES, CA 90045
41. TYPE OF DISPOSITION(S): BU
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER:
44. NAME OF FUNERAL ESTABLISHMENT: HILLSIDE MEMORIAL PARK MORTUARY
45. LICENSE NUMBER: FD1358
46. SIGNATURE OF LOCAL REGISTRAR: JONATHAN FIELDING, MD
47. DATE mm/dd/ccyy: 11/05/2009

PLACE OF DEATH

101. PLACE OF DEATH: CEDARS-SINAI MEDICAL CENTER
102. IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY: LOS ANGELES
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 8700 BEVERLY BLVD
106. CITY: LOS ANGELES

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
(A) PNEUMONIA — Time Interval Between Onset and Death (AT): HRS
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) GALLSTONE PANCREATITIS — (BT): DAYS
(C) HYPERTENSIVE HEART DISEASE — (CT): 5 YRS
(D) NEPHROSCLEROSIS — (DT): 10 YRS

108. DEATH REPORTED TO CORONER? [ ] YES [X] NO — REFERRAL NUMBER
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: ANEMIA, CHRONIC BRONCHITIS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE
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.
Decedent Attended Since (A) mm/dd/ccyy: 03/22/2002
Decedent Last Seen Alive (B) mm/dd/ccyy: 11/02/2009
115. SIGNATURE AND TITLE OF CERTIFIER: DONALD FRANKLIN NORTMAN M.D.
116. LICENSE NUMBER: G34241
117. DATE mm/dd/ccyy: 11/05/2009
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: DONALD FRANKLIN NORTMAN M.D. 8635 W THIRD ST STE 865-W, LOS ANGELES, CA 90048

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 | *010001001349286* | FAX AUTH. # | CENSUS TRACT

Book 499 Page 193 0214963 04/26/2010 Page 3 of 3

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.

Jonathan E Fielding MD MPH
Director of Public Health and Registrar

DATE ISSUED NOV - 9 2009

HD2001149

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA EUREKA

LOS ANGELES COUNTY REGISTRAR OF VITAL STATISTICS STATE OF CALIFORNIA