DOC # 0214963

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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

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

# 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) | 2. MIDDLE | 3. LAST (Family) |
|---|---|---|
| MAXWELL | GABRIEL | LIPMAN |

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 |
|---|---|---|---|---|---|---|
| 12/21/1918 | 90 | | | | | M |

| 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) |
|---|---|---|---|---|---|
| MASSACHUSETS | [redacted] | [X] YES [ ] NO [ ] UNK | MARRIED | 11/04/2009 | 1150 |

| 13. 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 | 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 |
|---|---|---|
| SHEETMETAL WORKER | SHEETMETAL | 42 |

**USUAL RESIDENCE**

20. DECEDENT'S RESIDENCE (Street and number or location): 3548 FEDERAL AVENUE

| 21. CITY | 22. COUNTY/PROVINCE | 23. ZIP CODE | 24. YEARS IN COUNTY | 25. STATE/FOREIGN COUNTRY |
|---|---|---|---|---|
| LOS ANGELES | LOS ANGELES | 90066 | 61 | CALIFORNIA |

**INFORMANT**

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

**SPOUSE AND PARENT INFORMATION**

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

**FUNERAL DIRECTOR / LOCAL REGISTRAR**

| 39. DISPOSITION DATE mm/dd/ccyy | 40. PLACE OF FINAL DISPOSITION: HILLSIDE MEMORIAL PARK |
|---|---|
| 11/06/2009 | 6001 CENTINELA AVENUE, LOS ANGELES, CA 90045 |

| 41. TYPE OF DISPOSITION(S) | 42. SIGNATURE OF EMBALMER | 43. LICENSE NUMBER |
|---|---|---|
| BU | NOT EMBALMED | |

| 44. NAME OF FUNERAL ESTABLISHMENT | 45. LICENSE NUMBER | 46. SIGNATURE OF LOCAL REGISTRAR | 47. DATE mm/dd/ccyy |
|---|---|---|---|
| HILLSIDE MEMORIAL PARK MORTUARY | FD1358 | JONATHAN FIELDING, MD | 11/05/2009 |

**PLACE OF DEATH**

| 101. PLACE OF DEATH | 102. IF HOSPITAL, SPECIFY ONE | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE |
|---|---|---|
| CEDARS-SINAI MEDICAL CENTER | [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 |
|---|---|---|
| LOS ANGELES | 8700 BEVERLY BLVD | 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.

| | | Time Interval Between Onset and Death | 108. DEATH REPORTED TO CORONER? |
|---|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → | (A) PNEUMONIA | (AT) HRS | [ ] YES [X] NO REFERRAL NUMBER |
| 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 | 109. BIOPSY PERFORMED? [ ] YES [X] NO |
| | (C) HYPERTENSIVE HEART DISEASE | (CT) 5 YRS | 110. AUTOPSY PERFORMED? [ ] YES [X] NO |
| | (D) NEPHROSCLEROSIS | (DT) 10 YRS | 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.) | 113A. IF FEMALE, PREGNANT IN LAST YEAR? |
|---|---|
| NO | [ ] 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 |
|---|---|---|---|
| | DONALD FRANKLIN NORTMAN M.D. | G34241 | 11/05/2009 |

| 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 |
|---|---|---|
| 03/22/2002 | 11/02/2009 | DONALD FRANKLIN NORTMAN M.D.<br>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 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

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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.