

DOC # 0214964

04/26/2010

08:50 AM

**Official Record**

Recording requested By  
SPIEGELMAN & EDWARDS

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00

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RPTT:

Recorded By: FES

Book- 499 Page- 0194

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. 145269 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 west ½ of the north 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

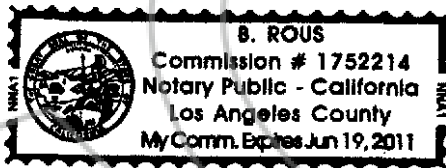
  
LORRAINE P. LIPMAN, Successor Trustee

STATE OF CALIFORNIA       )  
  ) SS  
COUNTY OF LOS ANGELES   )

On MARCH 30, 2010 before me, B. ROUS \_\_\_\_\_, the  
~~undersigned~~ Notary Public, personally appeared LOBBRAINE 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  
NOTARY PUBLIC



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# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

#### CERTIFICATE OF DEATH

3200919044128

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY AND ENCLOSE WRITINGS OR ALTERATIONS VS: MIREV (15)</small>		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT — FIRST (Given) <b>MAXWELL</b>		2 MIDDLE <b>GABRIEL</b>		3 LAST (Family) <b>LIPMAN</b>	
AKA ALSO KNOWN AS — include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/yyyy <b>12/21/1918</b>	5 AGE Yrs <b>90</b>	6 UNDER ONE YEAR Months Days Hours Minutes <b>11/04/2009</b>	6 SEX <b>M</b>
9 BIRTH STATE/FOREIGN COUNTRY <b>MASSACHUSETTS</b>		10 SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	11 EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12 MARITAL STATUS (at Time of Death) <b>MARRIED</b>	13 DATE OF DEATH mm/dd/yyyy <b>11/04/2009</b>
13 EDUCATION — (highest Level/Degree) <b>HS GRADUATE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14 WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15 DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
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 <b>42</b>	
20 DECEDENT'S RESIDENCE (Street and number or location) <b>3548 FEDERAL AVENUE</b>		21 CITY <b>LOS ANGELES</b>		22 COUNTY/PROVINCE <b>LOS ANGELES</b>	23 ZIP CODE <b>90066</b>
24 YEARS IN COUNTY <b>61</b>		25 STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>		26 INFORMANT'S NAME, RELATIONSHIP <b>LORRAINE LIPMAN, WIFE</b>	
27 INFORMANT'S MAILING ADDRESS (Street and number, city or town, state, ZIP) <b>3548 FEDERAL AVENUE, LOS ANGELES, CA 90066</b>		28 NAME OF SURVIVING SPOUSE — FIRST <b>LORRAINE</b>		29 MIDDLE <b>-</b>	30 LAST (Maiden Name) <b>NAAR</b>
31 NAME OF FATHER — FIRST <b>LOUIS</b>		32 MIDDLE <b>-</b>	33 LAST <b>LIPMAN</b>	34 BIRTH STATE <b>MA</b>	
35 NAME OF MOTHER — FIRST <b>SADIE</b>		36 MIDDLE <b>-</b>	37 LAST (Married) <b>PILLAR</b>	38 BIRTH STATE <b>MA</b>	
39 DISPOSITION DATE mm/dd/yyyy <b>11/06/2009</b>		40 PLACE OF FINAL DISPOSITION <b>HILLSIDE MEMORIAL PARK 6001 CENTINELA AVENUE, LOS ANGELES, CA 90045</b>			
41 TYPE OF DISPOSITION(S) <b>BU</b>		42 SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43 LICENSE NUMBER <b>-</b>	
44 NAME OF FUNERAL ESTABLISHMENT <b>HILLSIDE MEMORIAL PARK MORTUARY</b>		45 LICENSE NUMBER <b>FD1358</b>	46 SIGNATURE OF LOCAL REGISTRAR <b>JONATHAN FIELDING, MD</b>		47 DATE mm/dd/yyyy <b>11/05/2009</b>
101 PLACE OF DEATH <b>CEDARS-SINAI MEDICAL CENTER</b>		102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DGA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ETC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ETC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY <b>LOS ANGELES</b>		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>8700 BEVERLY BLVD</b>		106 CITY <b>LOS ANGELES</b>	
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. <b>(A) PNEUMONIA</b> <b>(B) GALLSTONE PANCREATITIS</b> <b>(C) HYPERTENSIVE HEART DISEASE</b> <b>(D) NEPHROSCLEROSIS</b>		108 TIME INTERVAL BETWEEN ONSET AND DEATH (A) HRS (B) DAYS (C) 5 YRS (D) 10 YRS		109 BLINDNESS PERFORMED? <input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>ANEMIA, CHRONIC BRONCHITIS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>					
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>03/22/2002</b> (B) mm/dd/yyyy <b>11/02/2009</b>		115 SIGNATURE AND TITLE OF CERTIFIER <b>DONALD FRANKLIN NORTMAN M.D.</b>		116 LICENSE NUMBER <b>G34241</b>	117 DATE mm/dd/yyyy <b>11/05/2009</b>
118 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		119 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>DONALD FRANKLIN NORTMAN M.D. 8635 W THIRD ST STE 865-W, LOS ANGELES, CA 90048</b>		120 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" 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, or city, and ZIP)		126 SIGNATURE OF CORONER / DEPUTY CORONER	
127 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129 SIGNATURE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. # CENSUS TRACT	

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THIS CERTIFIED ISSUED  
FREE ON DECLARATION UNDER  
PENALTY OF PERJURY FOR  
SERVICES OF GOVERNMENT CODE  
SECTIONS: 6107, 13962, 6103.9

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*  
Director of Public Health and Registrar

DATE ISSUED

NOV - 9 2009

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

