

MAIL TAX STATEMENTS TO:

Jerome J. Adler
5334 Encino Ave.
Encino, CA 91316



A.P.N.: 005-090-53

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES)

JEROME J. ADLER, of legal age being first duly sworn, deposes and says:

1) That JOYCE IRENE ADLER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOYCE ADLER, named as one of the parties in that certain GRANT DEED dated May 9, 2010, executed by JEROME J. ADLER and JOYCE E. ADLER, as Trustees of THE ADLER FAMILY TRUST dated April 7, 1994, to JEROME ADLER and JOYCE ADLER, as Trustees of THE ADLER FAMILY TRUST-2010 executed on March 24, 2010, recorded as Instrument No. 0215016 on May 27, 2010, Official Records of Eureka County, covering that real property situated in the County of Eureka, State of Nevada, described as Northwest 1/4 of the Southwest 1/4 of Section 31, Township 31 North, Range 49 East, M.D.B. & M., as per Government Survey. Reserving therefrom an easement 30 feet wide, along all boundaries for ingress and egress, with power to dedicate.

2) That I am the Trustee named within the aforementioned trust as Trustee;

3) That I hereby consent to act as sole Trustee of the aforementioned trust and do hereby assume the powers and duties as trustee of such trust;

4) That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the Property.

Dated: August 21, 2010

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES)

The undersigned being duly sworn says that he is the person signing the above document, that he has read the same, and knows the contents thereof, and that the acts stated therein are true.

JEROME ADLER

Subscribed and Sworn to (or Affirmed) before me on this 26 day of August 2010, by JEROME ADLER proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Jenna Mitchell 8-26-2010
Notary Public in and for said State Date



COPY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3201019024328

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (SEE INSTRUCTIONS)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JOYCE		2. MIDDLE IRENE		3. LAST (Family) ADLER	
AKA, ALSO KNOWN AS - include full AKA (FIR-5, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/23/1931		5. AGE Yrs. 79 Months Days Hours Minutes	
6. SEX F		9. BIRTH STATE/FOREIGN COUNTRY MICHIGAN		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 06/20/2010	
13. EDUCATION - highest level/degree (use worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (1=yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 REGISTERED NURSE		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HEALTH CARE		19. YEARS IN OCCUPATION 20	
20. DECEDENT'S RESIDENCE (Street and number, or location) 5334 ENCINO AVE.					
21. CITY ENCINO		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91316	
24. YEARS IN COUNTY 56		25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP JEROME J. ADLER, HUSBAND			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5334 ENCINO AVE., ENCINO, CA 91316		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST JEROME		29. MIDDLE J.		30. LAST (BIRTH NAME) ADLER	
31. NAME OF FATHER/PARENT - FIRST RAY		32. MIDDLE ELEY		34. BIRTH STATE OHIO	
35. NAME OF MOTHER/PARENT - FIRST IRENE		36. MIDDLE CLEVENGER		38. BIRTH STATE OHIO	
39. DISPOSITION DATE, mm/dd/yyyy 06/23/2010		40. PLACE OF FINAL DISPOSITION EDEN MEMORIAL PARK 11500 SEPULVEDA BLVD, MISSION HILLS, CA 91345			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT MALINOW AND SILVERMAN MORTUARY		45. LICENSE NUMBER FD-487		46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD	
47. DATE mm/dd/yyyy 06/22/2010					
101. PLACE OF DEATH WEST HILLS MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOR <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION (WHERE FOUND) (Street and number, or location) 7300 MEDICAL CENTER DR.		106. CITY WEST HILLS	
107. CAUSE OF DEATH Enter in 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) RESPIRATORY FAILURE (B) CONGESTIVE HEART FAILURE (C) END STAGE RENAL DISEASE (D) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		Time Interval Between Cause and Death (A) DAYS (B) MONS (C) YRS (D) YRS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BOPSY 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 type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 SEPSIS, VANCOMYCIN RESISTANT ENTEROCOCCUS, MRSA.					
113. WAS OPERATION PERFORMED FOR AT CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
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) m/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER BRUCE ALLEN JACOBSON M.D.		116. LICENSE NUMBER A43500	
117. DATE mm/dd/yyyy 06/18/2010		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BRUCE ALLEN JACOBSON M.D. 7300 MEDICAL CENTER DR STE 404, WEST HILLS, CA 91307			
119. 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"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 03/30/2009	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (e.g., events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER JONATHAN FIELDING MD		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		*010001001529854*			

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.

* HD 1908580 *

Jonathan E. Fielding MD
 Director of Public Health

DATE ISSUED
JUN 28 2010

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 0215437 Book 503 09/01/2010
 Page 36 Page 3 of 3

