DOC # 0215437

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Official Record

Recording requested By
STEPHEN W KRAMER, ATTY

Eureka County - NV
Mike Rebaleati - Recorder

Fee: $16.00 Page 1 of 3
RPTT: Recorded By: FES
Book- 503 Page- 0034

0215437

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)

Jerome Adler

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

JENNA MITCHELL
Commission # 1892371
Notary Public - California
Los Angeles County
My Comm. Expires Jun 12, 2014

JENNA MITCHELL
Commission # 1892371
Notary Public - California
Los Angeles County
My Comm. Expires Jun 12, 2014

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 3/06)

STATE FILE NUMBER: 3201019024328

LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
JOYCE	IRENE	ADLER

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
-	04/23/1931	79			F

9. BIRTH STATE/FOREIGN COUNTRY	9. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
MICHIGAN	[redacted]	☐ YES ☒ NO ☐ UNK	MARRIED	06/20/2010	1529

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)
BACHELOR	☐ YES ☒ 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
REGISTERED NURSE	HEALTH CARE	20

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)				
5334 ENCINO AVE.				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
ENCINO	LOS ANGELES	91316	56	CALIFORNIA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
JEROME J. ADLER, HUSBAND.	5334 ENCINO AVE., ENCINO, CA 91316

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
JEROME	J.	ADLER	
31. NAME OF FATHER/PARENT–FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
RAY	-	ELEY	OHIO
35. NAME OF MOTHER/PARENT–FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
IRENE	-	CLEVENGER	OHIO

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
06/23/2010	EDEN MEMORIAL PARK 11100 SEPULVEDA BLVD, MISSION HILLS, CA 91345

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
MALINOW AND SILVERMAN MORTUARY	FD-487	▸ JONATHAN FIELDING, MD	06/22/2010

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
WEST HILLS MEDICAL CENTER	☒ IP ☐ ER/OP ☐ DOA	☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other

104. COUNTY	FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	105. CITY
LOS ANGELES	7300 MEDICAL CENTER DR.	WEST HILLS

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter 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	(A) DAYS	☐ YES ☒ 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) CONGESTIVE HEART FAILURE	(B) MONS	109. BIOPSY PERFORMED? ☐ YES ☒ NO
	(C) END STAGE RENAL DISEASE	(C) YRS	110. AUTOPSY PERFORMED? ☐ YES ☒ NO
	(D) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE	(D) 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
SEPSIS, VANCOMYCIN RESISTANT ENTEROCOCCUS, MRSA

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. Decedent Attended Since (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
03/30/2009	06/18/2010	▸ BRUCE ALLEN JACOBSON M.D.	A43500	06/21/2010

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
BRUCE ALLEN JACOBSON M.D.
7301 MEDICAL CENTER DR STE 404, WEST HILLS, CA 91307

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	120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined	☐ YES ☐ NO ☐ UNK		

123. PLACE OF INJURY (e.g., home, constr. site, on 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
						01000100152986		

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.

HD1908580

Jonathan E Fielding MD
Director of Public Health

DATE ISSUED JUN 28 2010

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE