

**DOC # 0216586**

12/27/2010

01:51 PM

**Official Record**

Recording requested By  
STEINBERG BARNES ET AL

**Eureka County - NV**

**Mike Rebaleati - Recorder**

Fee \$42.00

Page 1 of 4

RPTT.

Recorded By: FES

Book- 0511 Page- 0177

**RECORDING REQUESTED BY**  
**Alex Steinberg, Esq.**  
**STEINBERG, BARNES, ET AL.**

**WHEN RECORDED MAIL TO**

**AND MAIL TAX STATEMENTS TO**  
**NAME** Pamela Lynn (Gibson) MacDougall

**ADDRESS** 5853 Crowley Place

**CITY** San Jose  
**STATE & ZIP** CA 05125



0216586

**AFFIDAVIT - DEATH OF TRUSTEE**

RECORDING REQUESTED BY  
Alex Steinberg, Esq.  
STEINBERG & FOSTER LLP

WHEN RECORDED MAIL TO

NAME Pamela Lynn (Gibson) MacDougall  
ADDRESS 5853 Crowley Place  
CITY San Jose  
STATE & ZIP CA 95123

## AFFIDAVIT - DEATH OF TRUSTEE

APN: 05-210-09

STATE OF CALIFORNIA  
County of Los Angeles }ss.

PAMELA LYNN (GIBSON) MACDOUGALL, of legal age, being first duly sworn, deposes and says:

1. That WINFIELD SCOTT GIBSON III and JESSMA HAZEL GIBSON, the decedents mentioned in the attached certified copies of Certificate of Deaths, are same persons as WINFIELD S. GIBSON and JESSMA H. GIBSON, named as the Trustees in that certain Declaration of Trust dated May 26, 1992, executed by WINFIELD S. GIBSON and JESSMA H. GIBSON as Trustors.

2. At the time of the demise of the decedents, the decedents were the record owners, as Trustee, of unimproved real property located in the County of Eureka, Nevada, which property is described in a Trust Transfer Deed which was signed by WINFIELD S. GIBSON and JESSMA H. GIBSON, as grantors, on May 26, 1992, and recorded as Instrument No. 140894, in Book 234, Page 532, in the County of Eureka, State of Nevada and is described as follows:

The S.W. 1/4 of Section 15, Township 30 North, Range 48 East MD. B & M, Eureka County, Nevada.

3. I, PAMELA LYNN (GIBSON) MACDOUGALL, am the named successor trustee under the above referenced trust, which was in effect at the time of the death of the decedents mentioned in Paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.

4. There is no Federal Estate Tax due as a result of the death of the decedent mentioned in Paragraph 1 above.


I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.  
Executed on December 15th 2010, at Manhattan Beach, California.

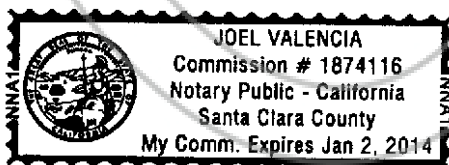
  
PAMELA LYNN (GIBSON) MACDOUGALL

State of California  
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 15th day  
of December, 2010, by PAMELA LYNN (GIBSON) MACDOUGALL,  
proved to me on the basis of satisfactory evidence to be the person who  
appeared before me.

Signature

  
Signature of Notary Public



Place Notary Seal Above



0216586

Book: 511 12/27/2010  
Page: 178 Page 2 of 4

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

## CERTIFICATE OF DEATH

3201019042001

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>JESSMA</b>		3. LAST (Family) <b>GIBSON</b>	
2. MIDDLE <b>HAZEL</b>		4. DATE OF BIRTH mm/dd/yyyy <b>04/05/1927</b>	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs <b>83</b>	
6. SEX <b>F</b>		7. DATE OF DEATH mm/dd/yyyy <b>10/24/2010</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>NC</b>		9. MARITAL STATUS/REPR (at Time of Death) <b>WIDOWED</b>	
10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>		13. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>		15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>	
16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>		17. YEARS IN OCCUPATION <b>54</b>	
18. DECEDENT'S RESIDENCE (Street and number, or location) <b>17037 ADLON ROAD</b>			
19. CITY <b>ENCINO</b>		20. COUNTY/PROVINCE <b>LOS ANGELES</b>	
21. ZIP CODE <b>91436</b>		22. YEARS IN COUNTY <b>38</b>	
23. STATE/FOREIGN COUNTRY <b>CA</b>		24. INFORMANT'S NAME, RELATIONSHIP <b>PAMELA G MACDOUGALL, DAUGHTER</b>	
25. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>5853 LAKE CROWLEY PLACE, SAN JOSE, CA 95123</b>		26. NAME OF SURVIVING SPOUSE/SHOP - FIRST <b>-</b>	
27. MIDDLE <b>-</b>		28. LAST (BIRTH NAME) <b>-</b>	
29. NAME OF FATHER/PARENT - FIRST <b>ADDISON</b>		30. MIDDLE <b>HARRIS</b>	
31. LAST <b>SMITH</b>		32. BIRTH STATE <b>NC</b>	
33. NAME OF MOTHER/PARENT - FIRST <b>LALIE</b>		34. MIDDLE <b>FLORICE</b>	
35. LAST (BIRTH NAME) <b>COOPER</b>		36. BIRTH STATE <b>NC</b>	
37. DISPOSITION DATE mm/dd/yyyy <b>10/27/2010</b>		38. PLACE OF FINAL DISPOSITION <b>RIVERSIDE NATIONAL CEMETERY</b>	
39. TYPE OF DISPOSITION(S) <b>CR/BU</b>		40. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
41. NAME OF FUNERAL ESTABLISHMENT <b>JON R LORENZEN MORTUARY</b>		42. LICENSE NUMBER <b>FD906</b>	
43. SIGNATURE OF LOCAL REGISTRAR <b>JONATHAN FIELDING, MD</b>		44. DATE mm/dd/yyyy <b>10/26/2010</b>	
45. PLACE OF DEATH <b>BARLOW RESPIRATORY HOSPITAL</b>			
46. COUNTY <b>LOS ANGELES</b>		47. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2000 STADIUM WAY</b>	
48. CITY <b>LOS ANGELES</b>		49. CAUSE OF DEATH <b>RESPIRATORY FAILURE</b>	
50. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>RESPIRATORY FAILURE</b>		51. EMPHYSEMA	
52. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>	
54. NO		55. NO	
56. NO		57. NO	
58. NO		59. NO	
60. NO		61. NO	
62. NO		63. NO	
64. NO		65. NO	
66. NO		67. NO	
68. NO		69. NO	
70. NO		71. NO	
72. NO		73. NO	
74. NO		75. NO	
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622. NO		623. NO	
624. NO		625. NO	
626. NO		627. NO	
628. NO		629. NO	
630. NO		631. NO	
632. NO		633. NO	
634. NO		635. NO	
636. NO		637. NO	
638. NO		639. NO	
640. NO		641. NO	
642. NO		643. NO	
644. NO			

## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES

## DEPARTMENT OF HEALTH SERVICES

## AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH

STATE FILE NUMBER		USE BLACK INK ONLY—NO ERASURES, WHITEOUT, OR ALTERATIONS		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
STATE/LOCAL REGISTRAR USE ONLY	1	2	3			
TYPE OR PRINT IN BLACK INK ONLY						
PART I INFORMATION TO LOCATE RECORD	1. NAME—FIRST (GIVEN) WINFIELD		2. MIDDLE SCOTT		3. LAST (FAMILY) GIBSON III	
	4. SEX M		5. DATE OF EVENT—MM/DD/CCYY 06/26/2003		6. CITY OF OCCURRENCE LOS ANGELES	
		7. COUNTY OF OCCURRENCE LOS ANGELES		8. REFERRAL NUMBER 2003-04838		
PART II INFORMATION AS IT APPEARS ON RECORD	107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			TIME INTERVAL BETWEEN ONSET AND DEATH		
	IMMEDIATE CAUSE (A) DEFERRED			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	(B)			108. DEATH REPORTED TO CORONER REFERRAL NUMBER 2003-04838		
	(C)			109. BIOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO		
	(D)			110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	DUE TO (D)			111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO		
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE—MM / DD / CCYY	
	122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)						
PART III INFORMATION AS IT SHOULD APPEAR	107. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			TIME INTERVAL BETWEEN ONSET AND DEATH		
	IMMEDIATE CAUSE (A) IDIOPATHIC PULMONARY FIBROSIS			MONTHS		
	(B)			108. DEATH REPORTED TO CORONER REFERRAL NUMBER 2003-04838		
	(C)			109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	(D)			110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	DUE TO (D)			111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 HYPERTENSION (HISTORY); ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE; SYNDROME OF INAPPROPRIATE ANTIDIURETIC HORMONE SECRETION (CLINICAL); HYPOTHYROIDISM (CLINICAL); PNEUMONIA					
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
	119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE—MM / DD / CCYY	
	122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)						
DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.					
	8. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER		9. DATE SIGNED—MM/DD/CCYY 09/10/2003		10. TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER VLADIMIR LEVICKY, M.D. DME	
	11. ADDRESS—STREET AND NUMBER 1104 N. MISSION ROAD		12. CITY LOS ANGELES		13. STATE CA	
	14. ZIP CODE 90033		15. OFFICE OF STATE REGISTRAR OR SIGNATURE LOCAL REGISTRAR Thomas J. Gubert		16. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 09/15/2003	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 24 B (1/94)

This is a true certified copy of the record filed in the County of Los Angeles  
Department of Health Services if it bears the Registrar's signature in purple ink.

Thomas J. Gubert  
Director of Health Services and Registrar

DATE ISSUED SEP 16 2003

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

12/27/2010  
Page 4 of 4

Book: 511  
Page 180

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