

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

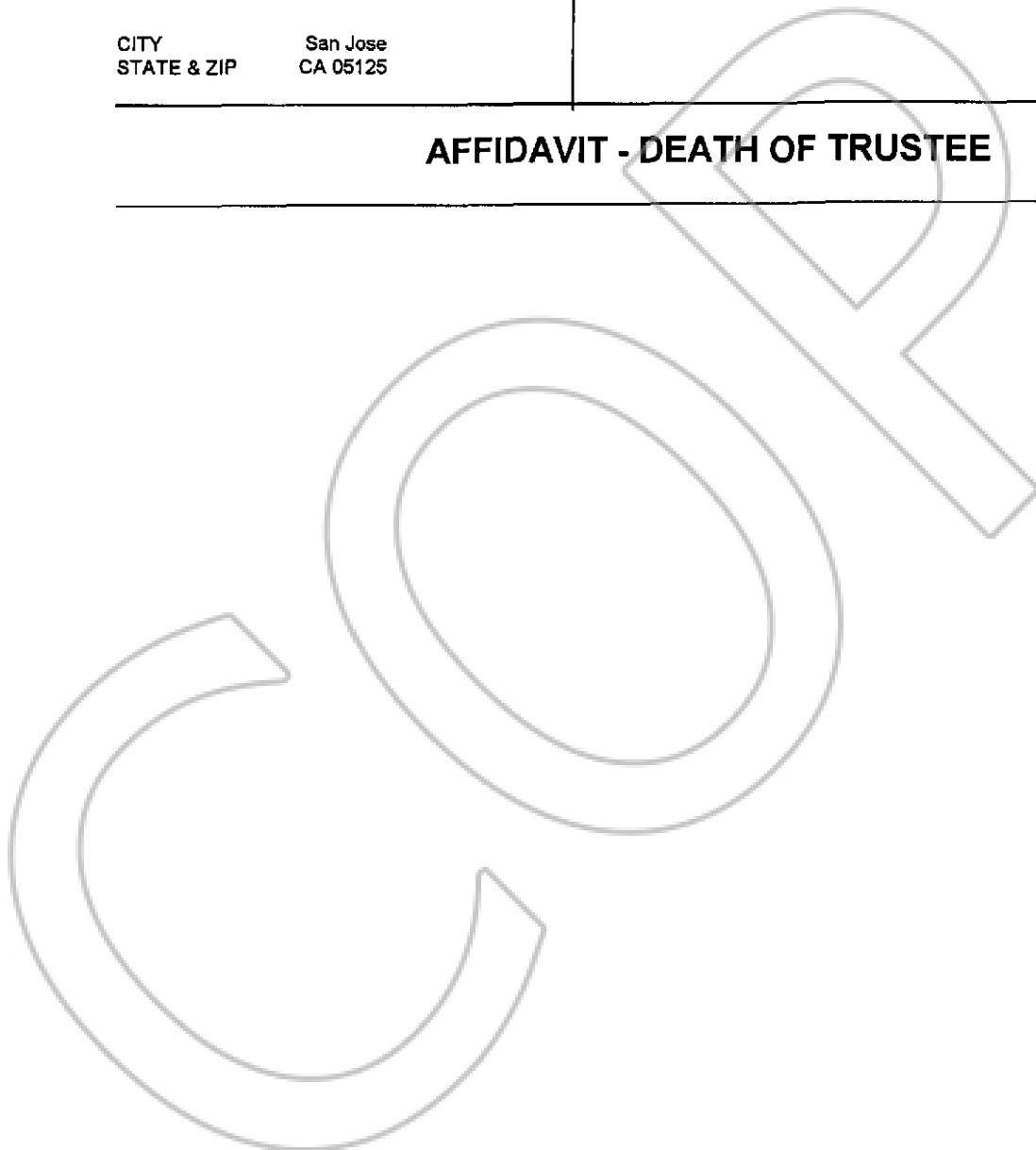
ADDRESS 5853 Crowley Place

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 Trutors.

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trust, which was in effect at the time of the death of the decedents mentioned in Paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.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.

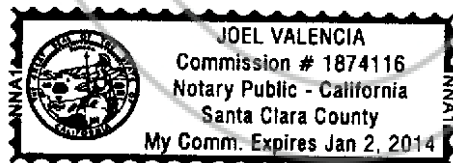

PAMELA LYNN (GIBSON) MACDOUGALL

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		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S. 116953, 5/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JESSMA		2. MIDDLE HAZEL		3. LAST (Family) GIBSON	
AKA ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 04/05/1927	
5. AGE Yrs 83		IF UNDER ONE YEAR Months Days Hours Minutes		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY NC		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/SEP* (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 10/24/2010		8. HOUR (24 Hour) 0845	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If 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 HOMEMAKER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 54
20. DECEDENT'S RESIDENCE (Street and number, or location) 17037 ADLON ROAD					
21. CITY ENCINO		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91436	
24. YEARS IN COUNTY 38		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP PAMELA G MACDOUGALL, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5853 LAKE CROWLEY PLACE, SAN JOSE, CA 95123		
28. NAME OF SURVIVING SPOUSE/SPO* - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST ADDISON		32. MIDDLE HARRIS		33. LAST SMITH	
34. BIRTH STATE NC		35. NAME OF MOTHER/PARENT - FIRST LALIE		36. MIDDLE FLORICE	
37. LAST (BIRTH NAME) COOPER		38. BIRTH STATE NC			
39. DISPOSITION DATE mm/dd/yyyy 10/27/2010		40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BOULEVARD, RIVERSIDE, CA 92518			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT JON R LORENZEN MORTUARY		45. LICENSE NUMBER FD906		46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD	
47. DATE mm/dd/yyyy 10/26/2010		48. [Seal]			
101. PLACE OF DEATH BARLOW RESPIRATORY HOSPITAL					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <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) 2000 STADIUM WAY		106. CITY LOS ANGELES	
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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) RESPIRATORY FAILURE		Time Interval Between Onset and Death		108. LEARN REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) EMPHYSEMA		(A) HRS		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) [Blank]		(B) YRS		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) [Blank]		(C) [Blank]		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 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Attested Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER DAVID ROLF NELSON M.D.		116. LICENSE NUMBER 117. DATE mm/dd/yyyy G60128 10/26/2010	
(A) mm/dd/yyyy 10/07/2010		(B) mm/dd/yyyy 10/24/2010		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DAVID ROLF NELSON M.D. 2000 STADIUM WAY, LOS ANGELES, CA 90026	
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"/> Accident <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 122. HOUR (24 Hour)	
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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E FAX AUTH.# CENSUS TRACT



12/27/2010 Page 3 of 4
 511 Book 179 Page
 0216586

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.

DATE ISSUED **NOT 28 2010**



Director of Public Health and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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			
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		2022		
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	108. DEATH REPORTED TO CORONER	
	IMMEDIATE CAUSE (A)	DEFERRED			<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	(B)			REFERRAL NUMBER 2003-04838		
	(C)			109. BIOPSY PERFORMED		
	DUE TO (D)			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			110. AUTOPSY PERFORMED			
			<input checked="" type="checkbox"/> YES <input 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 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		121. INJURY DATE—MM / DD / CCYY		
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		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	108. DEATH REPORTED TO CORONER	
	IMMEDIATE CAUSE (A)	IDIOPATHIC PULMONARY FIBROSIS			<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	(B)			REFERRAL NUMBER 2003-04838		
	(C)			109. BIOPSY PERFORMED		
	DUE TO (D)			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
			110. AUTOPSY PERFORMED			
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
			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		121. INJURY DATE—MM / DD / CCYY		
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		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		10. TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER		
<i>[Signature]</i>		09/10/2003		VLADIMIR LEVICKY, M.D. DME		
11. ADDRESS—STREET AND NUMBER		12. CITY		13. STATE		
1104 N. MISSION ROAD		LOS ANGELES		CA		
		14. ZIP CODE				
		90033				
15. OFFICE OF STATE REGISTRAR OR SIGNATURE LOCAL REGISTRAR		16. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY				
<i>[Signature]</i>		09/15/2003				

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

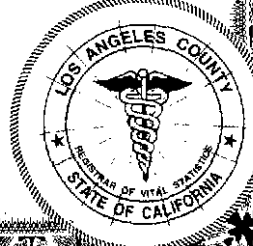
VS 24 B (1/94)

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. [Signature]
Director of Health Services and Registrar

DATE ISSUED SEP 16 2003



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Book: 511 12/27/2010
 Page: 180 0216586
 Page: 4 of 4
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