

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Sandra Harlan
720 Carriage Circle
Anaheim, CA 92807

DOC# 217205

05/24/2011 03:36PM

Official Record

Requested By
FIRST AMERICAN TITLE ELKO
Eureka County - NV
Mike Rebaleati - Recorder

Page: 1 of 4 Fee: \$42.00
Recorded By FS RPTT: \$0.00
Book- 0515 Page- 0298



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Space Above This Line for
Recorder's Use Only

A.P.N. 002-034-03

File No.: 151-2409104 (JH)

Affidavit - Death of Trustee

State of NV)
)ss.
County of Elko)

Sandra Harlan and James Kotichas ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **George J. Kotichas** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **1/17/2005** at **Fountain Valley, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **July 20, 1990** executed by **George J. Kotichas and Carmen A. Kotichas** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Deed** dated **July 20, 1990** which was recorded as Instrument No. **133029** in Book **212**, Page **234**, of Official Records of **Elko** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: May 4, 2011

DECLARANT:

Sandra Harlan Successor Trustee
Sandra Harlan, Successor Trustee

James Kotichas Successor Trustee
James Kotichas, Successor Trustee

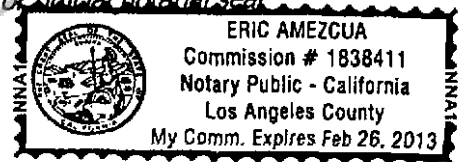
State of CALIFORNIA)
)ss
County of ~~ORANGE~~ Los Angeles

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Los Angeles and State California, this 17th day of May, 2011 by Sandra Harlan and James Kotichas, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature Eric Amezcua



My Commission Expires: Feb 26, 2013

Notary Name: Eric Amezcua Notary Phone: 562-869-9551
Notary Registration Number: 1838411 County of Principal Place of Business Downey

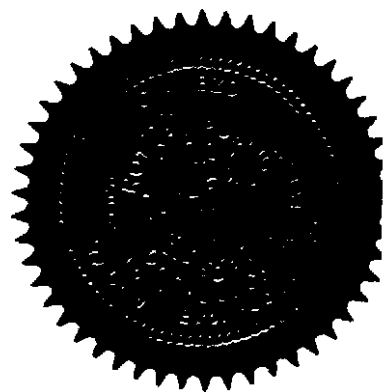
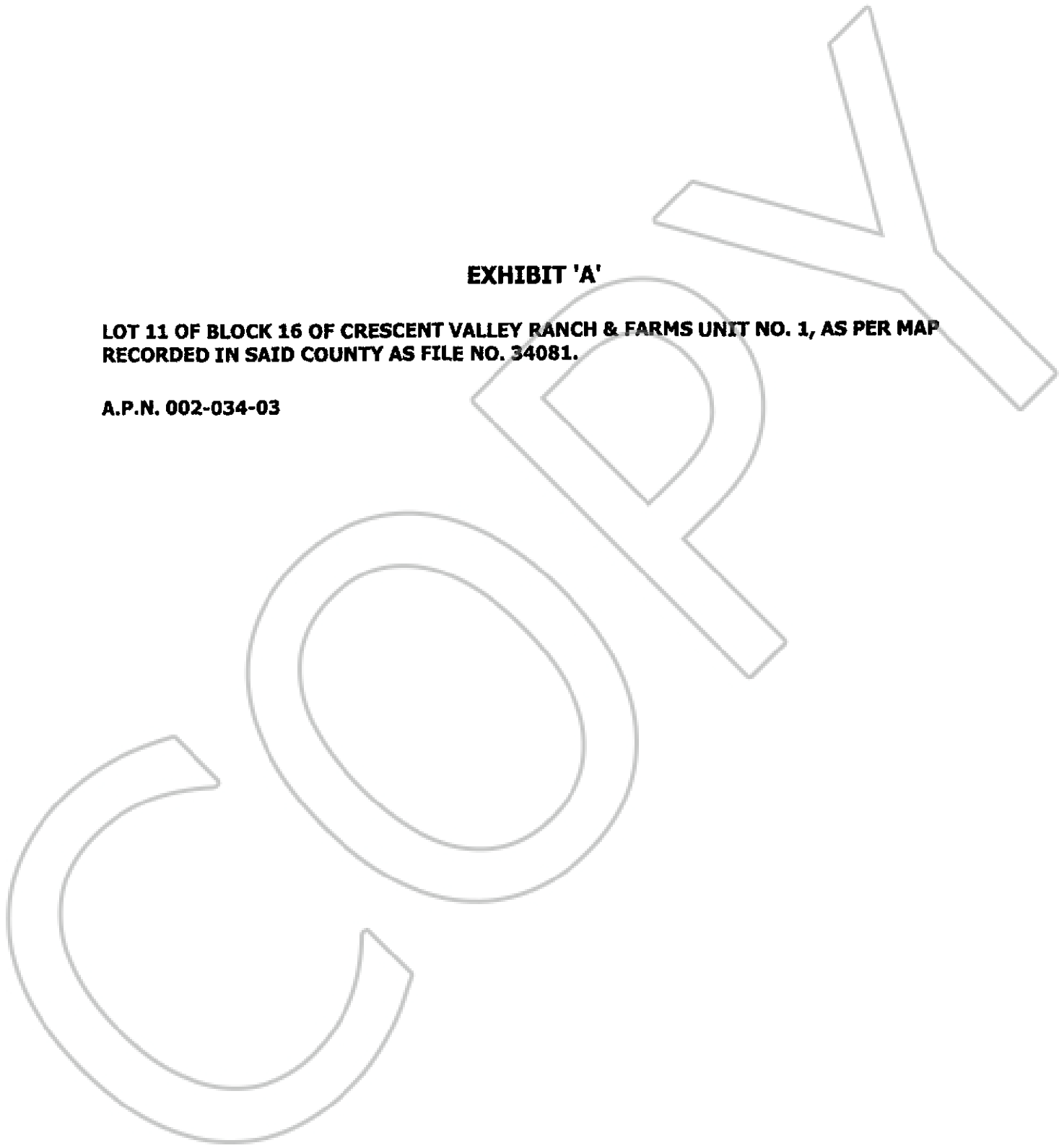


EXHIBIT 'A'

**LOT 11 OF BLOCK 16 OF CRESCENT VALLEY RANCH & FARMS UNIT NO. 1, AS PER MAP
RECORDED IN SAID COUNTY AS FILE NO. 34081.**

A.P.N. 002-034-03



217205

Book: 515 05/24/2011
Page: 300 3 of 4

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701
 CERTIFICATE OF DEATH

3 2005 30 000676

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASENT - FIRST (Given)		3. LAST (Family)	
GEORGE		KOTICHAS	
2. MIDDLE		4. DATE OF BIRTH	
JAMES		12/27/1924	
5. AGE Yrs.		6. SEX	
80		MALE	
7. DATE OF DEATH		8. HOUR (24 Hours)	
01/17/2005		2201	
9. BIRTH STATE/FOREIGN COUNTRY		10. MARRIAGE STATUS (at Time of Death)	
CALIFORNIA		MARRIED	
11. SOCIAL SECURITY NUMBER		12. OCCUPATION (Type of work for most of life. DO NOT USE RETIRED)	
		SALESMAN	
13. DECEASENT'S RESIDENCE (Street and number or location)		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail, construction, employment agency, etc.)	
9882 PAWLET CIRCLE		MAJOR APPLIANCES	
15. CITY		16. YEARS IN COUNTRY	
FOUNTAIN VALLEY		30	
17. COUNTY/PROVINCE		18. STATE/FOREIGN COUNTRY	
ORANGE		CALIFORNIA	
19. DECEASENT'S MARITAL ADDRESS (Street and number or rural route number, city or town, state, ZIP)		20. DECEASENT'S RACE (Up to 3 races may be listed (see instructions on back))	
9882 PAWLET CIRCLE FOUNTAIN VALLEY CA 92708		WHITE	
21. NAME OF SURVIVING SPOUSE - FIRST		22. LAST (Given Name)	
CARMEN		TEDDER	
23. NAME OF FATHER - FIRST		24. BIRTH STATE	
JAMES		GREECE	
25. NAME OF MOTHER - FIRST		26. BIRTH STATE	
VIRGINIA		GREECE	
27. DEPORTATION DATE (month/year)		28. PLACE OF FINAL DEPORTATION	
01/20/2005		RES: CARMEN KOTICHAS 9882 PAWLET CIRCLE FOUNTAIN VALLEY CA 92708	
29. TYPE OF DEPOSITIONER		30. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
31. NAME OF FUNERAL ESTABLISHMENT		32. LICENSE NUMBER	
THE OMEGA SOCIETY		FD1280	
33. PLACE OF DEATH		34. DATE (month/year)	
FOUNTAIN VALLEY REGIONAL HOSPITAL & MED CTR.		01/20/2005	
35. COUNTY		36. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
ORANGE		17100 EUCLID STREET	
37. CAUSE OF DEATH		38. CITY	
IMMEDIATE CAUSE (First cause or immediate condition resulting in death)		FOUNTAIN VALLEY	
CARDIORESPIRATORY ARREST		39. DEATH REPORTED TO CORONER (Check and Date)	
39. HOURS		40. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MYOCARDIAL INFARCTION		41. BICENTENARY PERFORMED?	
39. HOURS		42. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CORONARY ARTERY DISEASE		43. AUTOPSY PERFORMED?	
39. YEARS		44. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
45. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107)		46. LIBRARY IS DEPARTMENTAL CAUSE?	
CARDIAC ARRHYTHMIAS, DIABETES MELLITUS, PERIPHERAL VASCULAR DISEASE, HTN,		47. YES <input type="checkbox"/> NO <input type="checkbox"/>	
48. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108 (If yes, list type of operation and date)		49. IF FEMALE, PREGNANT IN LAST YEAR?	
NO		50. YES <input type="checkbox"/> NO <input type="checkbox"/> LINK <input type="checkbox"/>	
51. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		52. SIGNATURE AND TITLE OF DEPUTY	
53. DECEASENT'S SIGNATURE		54. LICENSE NUMBER	
08/17/2004		A63326	
55. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE		56. DATE (month/year)	
INDERJIT SINGH, MD. 11190 WARNER AVENUE #305		01/19/2005	
57. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		58. MARRIED AT WORK?	
59. MANNER OF DEATH (Check one)		60. YES <input type="checkbox"/> NO <input type="checkbox"/> LINK <input type="checkbox"/>	
61. PLACE OF BIRTH (e.g., home, institution, etc., recorded data, etc.)		62. PLACED AT WORK?	
63. DISCREPANCY FROM PLACED AT WORK OCCURRED (events which resulted in injury)		64. YES <input type="checkbox"/> NO <input type="checkbox"/> LINK <input type="checkbox"/>	
65. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		66. PLACED AT WORK?	
67. SIGNATURE OF CORONER / DEPUTY CORONER		68. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
69. DATE (month/year)		70. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
71. STATE REGISTRAR		72. FAX AUTH. #	
73. COUNTY TRACK		74. COUNTY TRACK	

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }
 COUNTY OF ORANGE }

SS

DATE ISSUED

JUL 08 2005

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Mark B. Horton

MARK B. HORTON, M.D.
 HEALTH OFFICER
 ORANGE COUNTY, CALIFORNIA



217205

Book: 515 05/24/2011
 Page: 301 4 of 4

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

