

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



0217205

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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

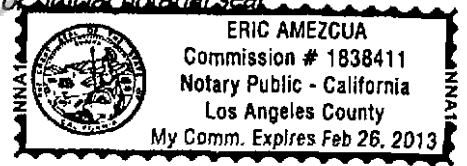
State of CALIFORNIA)
)ss
County of ~~ORANGE~~ Los Angeles

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Los Angeles and State California, this 7th 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



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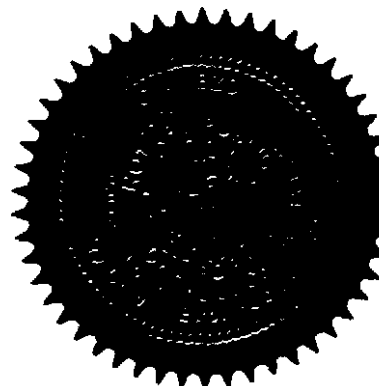
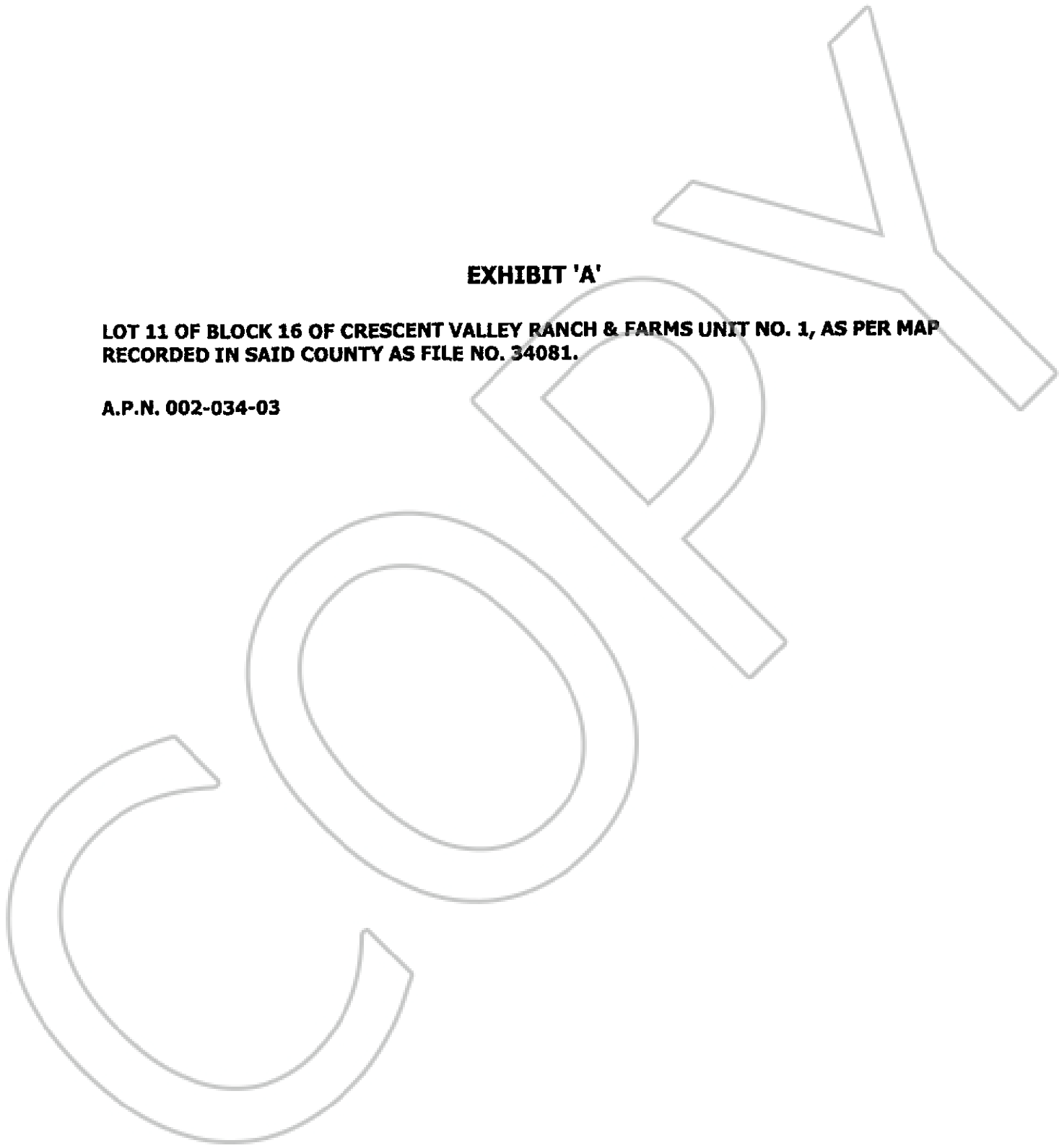


EXHIBIT 'A'

**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



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CERTIFICATION OF VITAL RECORD

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 DECEASED - 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. DECEASED'S RACE	
		WHITE	
13. USUAL OCCUPATION		14. KIND OF BUSINESS OR INDUSTRY	
SALESMAN		MAJOR APPLIANCES	
15. YEARS IN OCCUPATION		16. YEARS IN INDUSTRY	
30			
17. DECEDENT'S RESIDENCE (Street and number or location)			
9882 PAWLET CIRCLE			
18. CITY			
FOUNTAIN VALLEY			
19. COUNTY/PROVINCE			
ORANGE			
20. ZIP CODE			
92708			
21. YEARS IN COUNTY			
30			
22. STATE/FOREIGN COUNTRY			
CALIFORNIA			
23. INFORMANT'S NAME, RELATIONSHIP			
CARMEN KOTICHAS, WIFE			
24. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
9882 PAWLET CIRCLE FOUNTAIN VALLEY CA 92708			
25. NAME OF SURVIVING SPOUSE - FIRST		26. MIDDLE	
CARMEN		ALINE	
27. LAST (Deceased Name)		28. LAST (Deceased Name)	
TEDDER		KOTICHAS	
29. BIRTH STATE		30. BIRTH STATE	
GREECE		GREECE	
31. NAME OF FATHER - FIRST		32. MIDDLE	
JAMES			
33. LAST		34. LAST (Deceased)	
KOTICHAS		STARVROPOULOS	
35. BIRTH STATE		36. BIRTH STATE	
GREECE		GREECE	
37. NAME OF MOTHER - FIRST		38. MIDDLE	
VIRGINIA			
39. LAST (Deceased)		40. LAST (Deceased)	
STARVROPOULOS		STARVROPOULOS	
41. BIRTH STATE		42. BIRTH STATE	
GREECE		GREECE	
43. DEPOSITION DATE			
01/20/2005			
44. PLACE OF FINAL DEPOSITION			
RES: CARMEN KOTICHAS 9882 PAWLET CIRCLE FOUNTAIN VALLEY CA 92708			
45. TYPE OF DEPOSITION		46. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
47. NAME OF FUNERAL ESTABLISHMENT		48. LICENSE NUMBER	
THE OMEGA SOCIETY		FD1280	
49. SIGNATURE OF LOCAL REGISTRAR		50. DATE	
[Signature]		01/20/2005	
51. PLACE OF DEATH			
FOUNTAIN VALLEY REGIONAL HOSPITAL & MED CTR.			
52. COUNTY			
ORANGE			
53. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
17100 EUCLID STREET			
54. CITY			
FOUNTAIN VALLEY			
55. CAUSE OF DEATH			
IMMEDIATE CAUSE (First cause or immediate condition resulting in death)			
CARDIORESPIRATORY ARREST			
56. HOURS			
57. HOURS			
58. UNDERLYING CAUSE (Underlying cause of injury and condition resulting in death)			
MYOCARDIAL INFARCTION			
59. YEARS			
60. YEARS			
61. UNDERLYING CAUSE (Underlying cause of injury and condition resulting in death) LAST			
CORONARY ARTERY DISEASE			
62. YEARS			
63. YEARS			
64. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
CARDIAC ARRHYTHMIAS, DIABETES MELLITUS, PERIPHERAL VASCULAR DISEASE, HTN, RENAL FAILURE			
65. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108 (If yes, the type of operation and date)			
NO			
66. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		67. SIGNATURE AND TITLE OF REGISTRAR	
08/17/2004		[Signature] MD.	
68. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		69. LICENSE NUMBER	
01/17/2005		A63326	
70. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		71. DATE	
INDERJIT SINGH, MD. 11190 WARNER AVENUE #305 FOUNTAIN VALLEY CA 92708		01/19/2005	
72. MANNER OF DEATH			
73. PLACE OF BATTERY (If e.g., home, association site, recorded data, etc.)			
74. DESCRIBE HOW BATTERY OCCURRED (events which resulted in injury)			
75. LOCATION OF BATTERY (Street and number, or location, and city, and ZIP)			
76. SIGNATURE OF CORONER / DEPUTY CORONER		77. DATE	
[Signature]			
78. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		79. HOUR (24 Hours)	
80. STATE REGISTRAR		81. FAX AUTH.	
A B C D E		CORNER 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.

[Signature]

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



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

