

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# 217206
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- 0302



0217206

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. **Carmen A. Kotichas** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **4/1/2005** 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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
ERIC AMEZCUA
Commission # 1838411
Notary Public - California
Los Angeles County
My Comm. Expires Feb 26, 2013

Signature Eric Amezcua

My Commission Expires: Feb 26, 2013

Notary Name: Eric Amezcua Notary Phone: 562 869 7551

Notary Registration Number: 1838411 County of Principal Place of Business Downey

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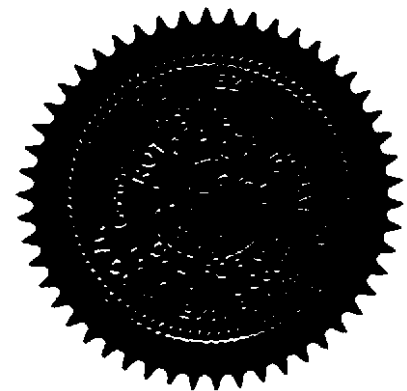
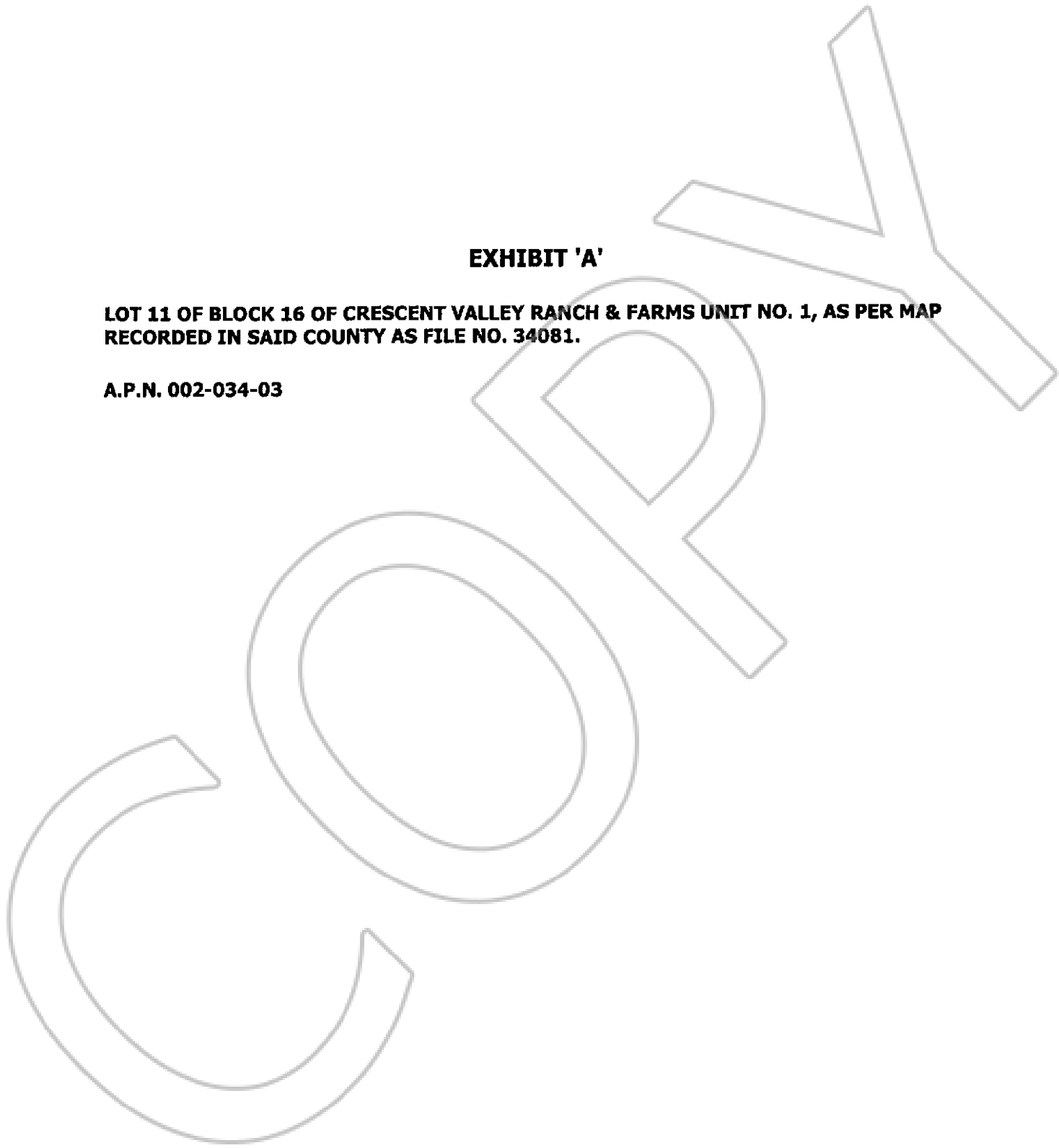


EXHIBIT 'A'

**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

3 2005 30 004 388

CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Surname)	
CARMEN		KOTICHAS	
2. MIDDLE		4. DATE OF BIRTH (mm/dd/yyyy)	
ALINE		09/07/1926	
5. AGE Yrs.		6. SEX	
78		FEM	
7. DATE OF DEATH (mm/dd/yyyy)		8. HOUR (24 Hours)	
04/01/2005		1330	
9. BIRTH STAT/SP/OTH COUNTRY		10. SOCIAL SECURITY #	
TEXAS		[] YES [X] NO [] UNK	
11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS (at time of death)	
[] YES [X] NO [] UNK		WIDOWED	
13. EDUCATION - Highest Level (Specify if not mentioned in block)		14. DECEDENT'S RACE - Up to 2 races may be listed (see instruction on back)	
HS GRADUATE [] YES [X] NO		WHITE	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. YEARS IN OCCUPATION	
HOMEMAKER		57	
17. USUAL RESIDENCE (Street and number or locality)		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail, construction, employment agency, etc.)	
9882 PAWLET CIRCLE		OWN HOME	
19. CITY		20. STATE/SP/OTH COUNTRY	
FOUNTAIN VALLEY		CALIFORNIA	
21. COUNTY/SP/PROVINCE		22. ZIP CODE	
ORANGE		92708	
23. YEARS IN COUNTY		24. INFORMANT'S NAME, RELATIONSHIP	
31		JAMES W. KOTICHAS, SON	
25. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		26. NAME OF SURVIVING SPOUSE - FIRST	
15781 BUTTERFIELD STREET WESTMINSTER CA 92683		-	
27. NAME OF FATHER - FIRST		28. MIDDLE	
WILLIAM		LOYD	
29. LAST		30. BIRTH STATE	
TEDDER		TEXAS	
31. NAME OF MOTHER - FIRST		32. MIDDLE	
IRENE		-	
33. LAST (Surname)		34. BIRTH STATE	
PENLAND		TEXAS	
35. DATE OF DEATH (mm/dd/yyyy)		36. PLACE OF FINAL DISPOSITION	
04/05/2005		RES: JAMES KOTICHAS 15781 BUTTERFIELD STREET WESTMINSTER CA 92683	
37. TYPE OF DISPOSITION		38. SIGNATURE OF SUBSTITUTION	
CR/RES		NOT ENBALMED	
39. NAME OF PLACER ESTABLISHMENT		40. LICENSE NUMBER	
THE OMEGA SOCIETY		FD1280	
41. PLACE OF DEATH		42. SIGNATURE OF LOCAL REGISTRAR	
BEACHSIDE NURSING CENTER		[Signature]	
43. COUNTY		44. CITY	
ORANGE		HUNTINGTON BEACH	
45. STREET ADDRESS OR LOCATION (Where found) (Street and number or locality)		46. CAUSE OF DEATH	
7781 GARFIELD		Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT include external events such as gunshot wound, respiratory arrest, or vehicular accident unless during the surgery. DO NOT abbreviate.	
47. IMMEDIATE CAUSE (Final disease or condition resulting in death)		48. DEATH REPORTED TO CORONER (Check one)	
CARDIOPULMONARY ARREST		[] YES [X] NO	
49. STROKE		49. DEATH REPORTED TO CORONER (Check one)	
[] YES [X] NO		[] YES [X] NO	
50. HYPERTENSION		50. DEATH REPORTED TO CORONER (Check one)	
[] YES [X] NO		[] YES [X] NO	
51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 47		51. DEATH REPORTED TO CORONER (Check one)	
NONE		[] YES [X] NO	
52. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 47 OR 51? (If yes, the type of operation and date)		52. DEATH REPORTED TO CORONER (Check one)	
NO		[] YES [X] NO	
53. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE DATA STATED.		53. SIGNATURE AND TITLE OF REGISTRAR	
03/30/2005 03/30/2005		[Signature] M.D.	
54. TYPE AT HOME PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		54. LICENSE NUMBER	
17150 EUCLID STREET, SUITE 218 FOUNTAIN VALLEY CA 92708		A37862	
55. I CERTIFY THAT MY OPINION BEING OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE DATA STATED.		55. DATE (mm/dd/yyyy)	
03/30/2005 03/30/2005		04/01/2005	
56. MANNER OF DEATH (Check one)		56. INJURY AT WORK?	
[] Natural [] Accidental [] Suicide [] Pending Investigation [] Could not be determined		[] YES [] NO [] UNK	
57. PLACE OF BIRTH (e.g., home, construction site, wounded area, etc.)		57. INJURY DATE (mm/dd/yyyy)	
58. DESCRIBE HOW INJURY OCCURRED (Specify which resulted in injury)		58. HOUR (24 Hours)	
59. LOCATION OF INJURY (Street and number, or location, or city, and ZIP)		59. SIGNATURE OF CORONER / DEPUTY CORONER	
60. SIGNATURE OF CORONER / DEPUTY CORONER		60. DATE (mm/dd/yyyy)	
61. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		61. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
62. STATE REGISTRAR		62. FAX AUTH #	
A B C D E		63. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }
COUNTY OF ORANGE }

SS

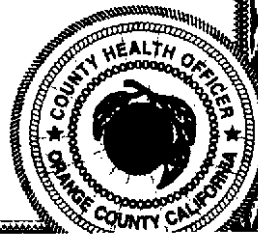
DATE ISSUED

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, 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.