

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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

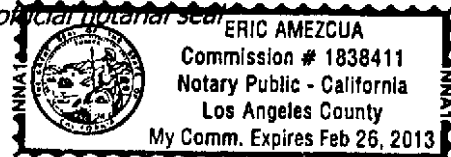
WITNESS my hand and official seal.

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

This area for official Notary Seal



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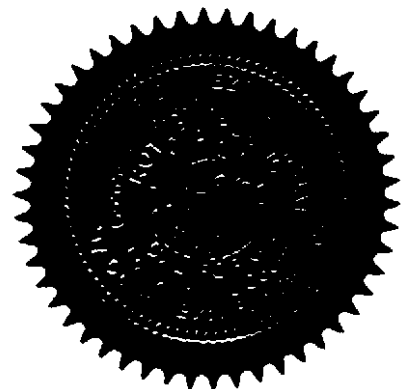


EXHIBIT 'A'

**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 200530 004388

| | | | |
|--|--|---|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) | | 3. LAST (Family) | |
| CARMEN | | KOTICHAS | |
| 2. MIDDLE | | 4. DATE OF BIRTH | |
| ALINE | | 09/07/1926 | |
| 5. AGE Yrs. | | 6. SEX | |
| 78 | | FEM | |
| 7. DATE OF DEATH | | 8. HOUR (24 Hours) | |
| 04/01/2005 | | 1330 | |
| 9. BIRTH STATE/FOREIGN COUNTRY | | 10. SOCIAL SECURITY NO. | |
| TEXAS | | | |
| 11. EVER IN U.S. ARMED FORCES | | 12. MARRITAL STATUS (at time of death) | |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> | | WIDOWED | |
| 13. EDUCATION - Highest Level (first mentioned in book) | | 14. DECEDENT'S RACE - Up to 8 races may be listed (see instructions on back) | |
| HS GRADUATE | | WHITE | |
| 15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED | | 16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) | |
| HOMEMAKER | | OWN HOME | |
| 17. YEARS IN OCCUPATION | | 18. YEARS IN INDUSTRY | |
| 57 | | | |
| 19. DECEDENT'S RESIDENCE (Street and number or location) | | | |
| 9882 PAWLET CIRCLE | | | |
| 20. CITY | | 21. STATE/PROVINCE | |
| FOUNTAIN VALLEY | | ORANGE | |
| 22. ZIP CODE | | 23. YEARS IN COUNTRY | |
| 92708 | | 31 | |
| 24. STATE/FOREIGN COUNTRY | | 25. INFORMATION'S MAILING ADDRESS (Street and number or care center number, city or town, state, ZIP) | |
| CALIFORNIA | | 15781 BUTTERFIELD STREET WESTMINSTER CA 92683 | |
| 26. NAME OF SURVIVING SPOUSE - FIRST | | 27. LAST (maiden Name) | |
| - | | - | |
| 28. NAME OF FATHER - FIRST | | 29. LAST | |
| WILLIAM | | TEDDER | |
| 30. NAME OF MOTHER - FIRST | | 31. LAST | |
| IRENE | | PENLAND | |
| 32. DATE OF DEATH | | 33. PLACE OF FINAL DISPOSITION | |
| 04/05/2005 | | RES: JAMES KOTICHAS 15781 BUTTERFIELD STREET WESTMINSTER CA 92683 | |
| 34. TYPE OF DISPOSITION | | 35. SIGNATURE OF EMBALMER | |
| CR/RES | | NOT EMBALMED | |
| 36. NAME OF PLACER ESTABLISHMENT | | 37. LICENSE NUMBER | |
| THE OMEGA SOCIETY | | FD1280 | |
| 38. PLACE OF DEATH | | 39. DATE | |
| BEACHSIDE NURSING CENTER | | 04/05/2005 | |
| 40. COUNTY | | 41. CITY | |
| ORANGE | | HUNTINGTON BEACH | |
| 42. STREET ADDRESS OR LOCATION (Where found) (Street and number or location) | | 43. CITY | |
| 7781 GARFIELD | | | |
| 44. CAUSE OF DEATH | | 45. DEATH REPORTED TO CORONER | |
| IMMEDIATE CAUSE (First disease or condition resulting in death) | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| CARDIOPULMONARY ARREST | | 46. TIME ELAPSED (From last death) | |
| 1 DAY | | 47. DEATH REPORTED TO CORONER | |
| 48. UNDERLYING CAUSE (Disease or injury that resulted in death) LAST | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| STROKE | | 49. ALTOPHY PERFORMANCE | |
| HYPERTENSION | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 50. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 44 | | 51. ALTOPHY PERFORMANCE | |
| NONE | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 52. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 50 OR 51? (If yes, list type of operation and date) | | 53. IF FEMALE, PRESENT IN LAST YEAR | |
| NO | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> | |
| 54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED. | | 55. SIGNATURE AND TITLE OF CORONER | |
| 56. SIGNATURE AND TITLE OF DEPUTY CORONER | | 57. DATE | |
| 03/30/2005 | | 03/30/2005 | |
| 58. TYPE AT BIRTH PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE | | 59. DATE | |
| 17150 EUCLID STREET, SUITE 218 | | 04/01/2005 | |
| 60. TYPE AT BIRTH PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE | | 61. DATE | |
| PRAKASH G. BONDAD, MD. | | 04/01/2005 | |
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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

Book: 515 05/24/2011
Page: 305 4 of 4

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

