

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Connie Sue Bethurum
12 Flor De Mar
Ranch Santa Margarita, CA 92688

Figure 1 is a line graph showing the percentage of total energy expenditure (TEE) for different activities over a 24-hour period. The Y-axis represents % TEE (0 to 100) and the X-axis represents Time of Day (0 to 24 hours). The graph shows a peak in TEE during the day (around 12 hours) and a minimum during the night (around 0 hours).

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: April 23, 2012

DECLARANT:

Connie Sue Bethurum - Successor Trustee
Connie Sue Bethurum, Successor Trustee

State of CALIFORNIA)
)ss
County of ORANGE)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County of ORANGE and State of California, this 30th day of April, 2012 by Cornie Sue Betts, personally known 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.

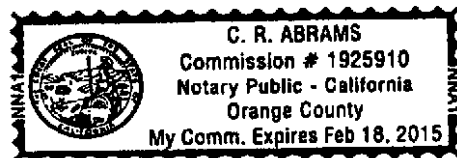
This area for official notarial seal

Signature.

My Commission Expires: 2/18/15

Notary Name: C. R. ABRAMS
Notary Registration Number: 1925910

Notary Phone: 949-639-0451
County of Principal Place of Business Orange



COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH		3200335002908	
1. NAME OF DECEASED - FIRST NAME MERRILL		2. NAME JUNE	
3. SEX F		4. DATE OF BIRTH 08/21/1932	
5. PLACE OF BIRTH CH		6. MARITAL STATUS MARRIED	
7. DATE OF DEATH 03/25/2003		8. HOUR 1310	
9. DECEASED'S AGE - up to 9 years may be stated from date of birth 70		10. DECEASED'S RACE WHITE	
11. DECEASED'S OCCUPATION HOUSEKEEPER		12. DECEASED'S RESIDENCE HOUSEKEEPING	
13. DECEASED'S ADDRESS 6301 CRESCENT AVE.			
14. CITY BUENA PARK		15. COUNTY ORANGE	
16. ZIP CODE 90620		17. STATE CA	
18. DECEASED'S RELATIONSHIP TO REPORTER CONNIE BETHUNE, DAUGHTER			
19. DECEASED'S ADDRESS 45 VISTA LA CUESTA, RANCHO SANTA MARGARITA, CA 92688			
20. NAME OF REPORTER THOMAS		21. NAME OF REPORTER STEPHEN	
22. NAME OF REPORTER UNK.		23. NAME OF REPORTER UNK.	
24. NAME OF REPORTER VIRGINIA		25. NAME OF REPORTER MARY	
26. DATE OF DEATH 03/25/2003		27. PLACE OF DEATH FOREST LAWN MEMORIAL PARK, 4471 LINCOLN AVENUE, CYPRESS, CA 90630	
28. TYPE OF DEATH BURIAL		29. DEATH CERTIFICATE 7914	
30. NAME OF DEATH FOREST LAWN MEMORIAL PARK, CYPRESS		31. DEATH CERTIFICATE FD-1051	
32. NAME OF DEATH DESERT VALLEY HOSPITAL		33. NAME OF DEATH VICTORVILLE	
34. NAME OF DEATH SAN BERNARDINO		35. NAME OF DEATH 16850 BEAR VALLEY RD.	
36. NAME OF DEATH RESPIRATORY FAILURE		37. NAME OF DEATH PNEUMONIA	
38. NAME OF DEATH CONGESTIVE HEART FAILURE		39. NAME OF DEATH NO	
40. NAME OF DEATH 03/20/2003		41. NAME OF DEATH 03/20/2003	
42. NAME OF DEATH VIVEX GILL M.D., 4383 PHELAN RD. PHELAN, CA 92371		43. NAME OF DEATH 03/27/2003	
44. NAME OF DEATH 03/20/2003		45. NAME OF DEATH 03/20/2003	
46. NAME OF DEATH 03/20/2003		47. NAME OF DEATH 03/20/2003	
48. NAME OF DEATH 03/20/2003		49. NAME OF DEATH 03/20/2003	
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82. NAME OF DEATH 03/20/2003		83. NAME OF DEATH 03/20/2003	
84. NAME OF DEATH 03/20/2003		85. NAME OF DEATH 03/20/2003	
86. NAME OF DEATH 03/20/2003		87. NAME OF DEATH 03/20/2003	
88. NAME OF DEATH 03/20/2003		89. NAME OF DEATH 03/20/2003	
90. NAME OF DEATH 03/20/2003		91. NAME OF DEATH 03/20/2003	
92. NAME OF DEATH 03/20/2003		93. NAME OF DEATH 03/20/2003	
94. NAME OF DEATH 03/20/2003		95. NAME OF DEATH 03/20/2003	
96. NAME OF DEATH 03/20/2003		97. NAME OF DEATH 03/20/2003	
98. NAME OF DEATH 03/20/2003		99. NAME OF DEATH 03/20/2003	
100. NAME OF DEATH 03/20/2003		101. NAME OF DEATH 03/20/2003	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

SS

DATE ISSUED 5 / 2 9 / 2003

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

THOMAS J. PRENDERGAST, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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