

DOC # 0227911

10/09/2014

01:59 PM

Official Record

Recording requested By
LAW OFFICES OF BONNIE KNAPP

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00

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RPTT:

Recorded By: LH

Book- 572 Page- 0048



0227911

APN # _____

Recording Requested By:

Name Law Offices of Bonnie Knap

Address 769 Anacapa Dr

City/State/Zip Camarillo, CA 93010

Affidavit Death of Trustee
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

RECORDING REQUESTED BY AND WHEN RECORDED

MAIL TO:

The Law Offices of Bonnie J. Knapp
769 Anacapa Drive
Camarillo, CA 93010

PARCEL.: 5-010-049

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
)SS.
COUNTY OF EUREKA)

Richard L. Fornof BEING OF LEGAL AGE, BEING DULY SWORN, DEPOSES AND SAYS:

1. **Ruthann M. Fornof**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as the Trustee in that certain Declaration of Trust dated **June 28, 1989**, executed by **Richard L. Fornof** and **Ruthann M. Fornof** as Trustor(s).
2. At the time of the decedent's death, the decedent was the record owner, as Trustee, of certain commercial agricultural land **located in Eureka, Nevada**, which real property is described in a Deed which was recorded as Instrument No. 128929 on **August 14, 1989**, in Official Records of Eureka County, State of Nevada, describing the property is as follows:

NE 1/4 OF THE SW 1/4, SECTION 13, TOWNSHIP 31 NORTH, RANGE 48 EAST. THIS ACERAGE IS SOLD AS COMMERCIAL AGRICULTURAL LAND. ALL MINERAL AND MINING RIGHTS TO THE BUYER.

3. This Affidavit is recorded to establish that **Richard L. Fornof** is the Surviving Trustee under the above referenced Trust under which said decedent held title as trustee pursuant to the deed described above, and which Trust was in effect at the time of the death of the decedent mentioned in paragraph 1 above, and which has not been revoked. **Richard L. Fornof** is qualified, designated and empowered pursuant to the terms of said trust to serve as Trustee thereof and hereby consents to act as such. The Trustee powers include but are not limited to do the following: to sell, exchange, lease, encumber, divide, develop, improve, change the character of, or abandon the property.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Dated:

THE FORNOF FAMILY TRUST DATED
June 28, 1989

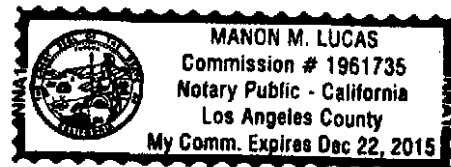
Richard Leigh Fornof, Surviving Trustee

State of California
County of Los Angeles

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 20th day of September, 2014, by **Richard Leigh Fornof** 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 Manon M. Lucas (seal)
Notary Public Commissioned for said County and State



COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

ORIGINAL

3052014130966

CERTIFICATE OF DEATH

3201419029090

STATE FILE NUMBER 3052014130966		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS. VS-1 (MAY 2009)		LOCAL REGISTRAR NUMBER 3201419029090	
1. NAME OF DECEDENT—FIRST (Given) RUTHANN		2. MIDDLE MILDRED		3. LAST (Family) FORNOF	
4. DATE OF BIRTH mm/dd/yyyy 11/26/1935		5. AGE Yrs. 78	6. LINGER ONE YEAR Months _____ Days _____ Hours _____ Minutes _____	7. DATE OF DEATH mm/dd/yyyy 07/14/2014	8. SEX F
9. BIRTH STATE/FOREIGN COUNTRY PA		11. EVER IN U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	12. MARITAL STATUS/SPOF (at Time of Death) MARRIED	13. EDUCATION—Highest Level/Degree ASSOCIATE	14/15. WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER? (If yes, see worksheet on back) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN		17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED HOME MAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME	
19. YEARS IN OCCUPATION 61		20. DECEDENT'S RESIDENCE (Street and number, or location) 17911 MALDEN STREET		21. CITY NORTHRIDGE	
22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91325	24. YEARS IN COUNTY 59	25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP RICHARD FORNOF SR, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 17911 MALDEN STREET, NORTHRIDGE, CA 91325			
28. NAME OF SURVIVING SPOUSE/SPOF—FIRST RICHARD		29. MIDDLE LEIGH	30. LAST (BIRTH NAME) FORNOF, SR		
31. NAME OF FATHER/PARENT—FIRST JOHN		32. MIDDLE EDWARD	33. LAST MEISING	34. BIRTH STATE PA	
35. NAME OF MOTHER/PARENT—FIRST STELLA		36. MIDDLE ROSE	37. LAST (BIRTH NAME) PAGICK	38. BIRTH STATE PA	
39. DISPOSITION DATE mm/dd/yyyy 07/21/2014		40. PLACE OF FINAL DISPOSITION ETERNAL VALLEY MEMORIAL PARK 23287-N. SIERRA HWY. NEWHALL, CA 91321			
41. TYPE OF DISPOSITIONS BU		42. SIGNATURE OF EMBELLER BRENDA RODRIGUEZ		43. LICENSE NUMBER EMB9234	
44. NAME OF FUNERAL ESTABLISHMENT ETERNAL VALLEY MEMORIAL PARK MORTUARY		45. LICENSE NUMBER FD1163	46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD		
47. DATE mm/dd/yyyy 07/17/2014					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> SNOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/LIC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LIC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 17911 MALDEN STREET	106. CITY NORTHRIDGE		
107. CAUSE OF DEATH IMMEDIATE CAUSE (A) SEPSIS Secondary, list conditions, if any, leading to a cause on Line A. Enter UNDERLYING CAUSE (B) or (C) if injury that initiated the events resulting in death) LAST (B) CHRONIC RENAL FAILURE (C) PERIPHERAL VASCULAR DISEASE		Time Interval Between Onset and Death (A) DAYS (B) YRS (C) YRS	108. BIOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	109. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	110. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERTENSION					
112. WAS OPERATION PERFORMED FOR ANY CONDITION BY ITEM 107 OR 111? (If yes, list type of operation and date) NO					
113. IF FEMALE, PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED (For use in Attached Space) Decedent Led Sex Y Age 01--/2009 07/10/2014		115. SIGNATURE AND TITLE OF CERTIFIER SUSAN MILDRED HOPKINS, M.D.		116. LICENSE NUMBER G079146	117. DATE mm/dd/yyyy 07/17/2014
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 01--/2009 07/10/2014 23287 N. SIERRA HWY, NEWHALL, CA 91321					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	121. INJURY DATE mm/dd/yyyy	122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		
STATE REGISTRAR		A	B	C	D
E		FAX AUTH.	CENSUS TRACT		

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This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

* 0000297358 *

DATE ISSUED

Jonathan E. Fielding MD Director of Public Health Registrar

AUG 20 2014

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

