

**DOC # 0228972**

12/19/2014

01:36 PM

**Official Record**

Recording requested By  
MICHAEL W BROWN INC

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00

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RPTT

Recorded By: LH

Book- 576 Page- 0215

**RECORDING COVER PAGE**

(Must be typed or printed clearly in BLACK ink only  
and avoid printing in the 1" margins of document)

**APN#** 005-010-30

(11 digit Assessor's Parcel Number may be obtained at:  
<http://redrock.co.clark.nv.us/assrealprop/ownr.aspx>)



0228972

**TITLE OF DOCUMENT**

(DO NOT Abbreviate)

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

**Document Title on cover page must appear EXACTLY as the first page of the document  
to be recorded.**

**RECORDING REQUESTED BY:**

**MICHAEL W. BROWN**

**RETURN TO: Name** MICHAEL W. BROWN

**Address** 22632 GOLDEN SPRINGS DRIVE, STE. 115

**City/State/Zip** DIAMOND BAR, CA 91765

**MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)**

**Name** JOHN DERMENGIAN

**Address** 3040 B DIAMOND HEAD ROAD

**City/State/Zip** HONOLULU, HI 96815

This page provides additional information required by NRS 111.312 Sections 1-2.

An additional recording fee of \$1.00 will apply.

To print this document properly, do not use page scaling.

Using this cover page does not exclude the document from assessing a noncompliance fee.

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This Document Prepared By,  
Recording Requested By,  
And When Recorded, Mail To:

MICHAEL W. BROWN  
22632 Golden Springs Drive  
Suite 115  
Diamond Bar, CA 91765-4167

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

STATE OF CALIFORNIA

ss.

COUNTY OF LOS ANGELES

JOHN M. DERMENGIAN, of legal age, being first duly sworn, deposes and says:

On December 16, 1992, ANNIE DERMENGIAN, as settlor, by a Trust Agreement created the ANNIE DERMENGIAN REVOCABLE TRUST;

On December 16, 1992, the said settlor executed a Trust Transfer Deed, recorded February 1, 1993, as Instrument Number 183435 in Official Records of the Eureka County Recorder, conveying to ANNIE DERMENGIAN, as Trustee of the said trust the hereinafter described real property;

On January 17, 2013, the said Trustee, ANNIE DERMENGIAN, the same person as the decedent mentioned in the attached certified copy of Certificate of Death, died;

The said Trust Agreement provides that JOHN M. DERMENGIAN thereupon became the Trustee of the said Trust, and having accepted the office of Trustee, is now qualified and acting Trustee of the said trust;

The property hereinabove mentioned, situated in the County of Eureka, State of Nevada is described as:


THE SOUTHWEST QUARTER (SW-1/4) OF SECTION 17, TOWNSHIP 31 NORTH, RANGE 48 EAST, M.D.B. & M., AS PER GOVERNMENT SURVEY.

ASSESSOR'S PARCEL NUMBER: 005-010-30

MORE COMMONLY KNOWN AS : Vacant Lot, Nevada.

  
JOHN MICHAEL DERMENGIAN

Subscribed and Sworn to (or affirmed) before me this 29th day of October, 2014, by JOHN M. DERMENGIAN, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

  
Notary Public Commissioned for said County and State



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# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013015000		<b>CERTIFICATE OF DEATH</b> STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (MAY 2008)		3201319003245	
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEASED - FIRST (Given) <b>ANNIE</b>		2. MIDDLE <b>DERMENGIAN</b>		3. LAST (Family) <b>DERMENGIAN</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>10/20/1924</b>		5. AGE Yrs <b>88</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>GREECE</b>		10. SOCIAL SECURITY NUMBER <b>XXXX-XX-XXXX</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SPRDP (at Time of Death) <b>WIDOWED</b>		7. DATE OF DEATH mm/dd/yyyy <b>01/17/2013</b>		8. HOUR (24 Hour) <b>0700</b>	
13. EDUCATION - Highest Level/Degree <b>SOME COLLEGE</b>		14. WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>		19. YEARS IN OCCUPATION <b>60</b>	
20. DECEASED'S RESIDENCE (Street and number, or location) <b>435 E. GLADSTONE</b>		21. CITY <b>GLENDORA</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>	
23. ZIP CODE <b>91740</b>		24. YEARS IN COUNTY <b>63</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>JOHN DERMENGIAN, SON</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>390 N. BALDWIN AVE., SIERRA MADRE, CA 91024</b>			
28. NAME OF SURVIVING SPOUSE/NDP - FIRST <b>ANDON</b>		29. MIDDLE <b>UNKNOWN</b>		30. LAST (BIRTH NAME) <b>SARDJENIAN</b>	
31. NAME OF FATHER/PARENT - FIRST <b>CHOUGHAN</b>		32. MIDDLE <b>UNKNOWN</b>		33. LAST (BIRTH NAME) <b>UNKNOWN</b>	
34. BIRTH STATE <b>TURKEY</b>		35. NAME OF MOTHER/PARENT - FIRST <b>CHOUGHAN</b>		36. BIRTH STATE <b>TURKEY</b>	
37. LAST (BIRTH NAME) <b>UNKNOWN</b>		38. BIRTH STATE <b>TURKEY</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>01/30/2013</b>		40. PLACE OF FINAL DISPOSITION <b>OAKDALE MEMORIAL PARK 1401 S. GRAND AVE., GLENDORA, CA 91740</b>			
41. TYPE OF DISPOSITION(S) <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>FD1127</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>OAKDALE MORTUARY</b>		45. SIGNATURE OF LOCAL REGISTRAR <b>JONATHAN FIELDING, MD</b>		46. DATE mm/dd/yyyy <b>01/25/2013</b>	
101. PLACE OF DEATH <b>GLADSTONE CARE AND REHABILITATION CENTER</b>		102. IF HOSPITAL SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> GROUP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>435 E GLADSTONE ST</b>		106. CITY <b>GLENDORA</b>	
107. CAUSE OF DEATH <b>(A) CARDIORESPIRATORY ARREST</b>		108. DEATH REPORTED TO CORONERY Time Within 24 Hours <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BICOPY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107, CR, 112? (If yes, list type of operation and date) <b>NO</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent's Last Seen Alive <b>01/11/2013</b> 01/17/2013					
115. SIGNATURE AND TITLE OF CERTIFIER <b>MICHAEL JOSEPH CORTEZ M.D.</b>					
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>MICHAEL JOSEPH CORTEZ M.D. 1343 N. GRAND AVE. COVINA, CA 91724</b>					
117. LICENSE NUMBER <b>G69679</b>					
118. DATE mm/dd/yyyy <b>01/24/2013</b>					
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"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 Hour)					
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 CORONERY 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					

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

*Jonathan E. Fielding*  
Director of Public Health and Registrar

\* H D 3 1 0 9 4 7 3 \*

FEB 15 2013

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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