

APN # 003-188-01

Recording Requested By:

Name Melanie L. Yarak

Address 220 Avenue E

City/State/Zip \_\_\_\_\_

Redondo Beach, CA 90277

**DOC # 0231658**

07/11/2016

01:33 PM

**Official Record**

Recording requested By  
MELANIE L YARAK

Eureka County - NV

Sara Simmons - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: LH

Book- 592 Page- 0345



0231658

Certificate of Incumbancy

(Title of Document)

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

APN: 003-188-01  
Recording requested by and mail documents and  
tax statements, if applicable, to:

Name: Melanie L. Yarak

Address: 220 Avenue E.

City/State/Zip: Redondo Beach, CA 90277

**CER111**

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[www.nevadalegalforms.com](http://www.nevadalegalforms.com)

## CERTIFICATE OF INCUMBENCY

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF Eureka        )

AFFIANT, being duly sworn, deposes and says:

1. That LINDA A. FARRIER, an unmarried woman, created the LINDA A. FARRIER, Trustee, or their successors in trust, under the 2014 Amendment and Restatement of the LINDA A. FARRIER TRUST, dated April 8, 2014.
2. That LINDA A. FARRIER has died on the 4th day of January, 2014, and a certified copy of the Death Certificate is attached hereto and by this reference incorporated herein.
3. That JOEL B. FARRIER and MELANIE L. YARAK is named in said Trust as the Successor Co-Trustees of the Trust.

Certificate of Incumbency

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Initials

*ng* *JYZ*



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Dated this 26<sup>th</sup> day of June, 2016.

Joel B. Farrier, Successor Co-Trustee

JOEL B. FARRIER

Melanie L. Yarak, Successor Co-Trustee

MELANIE L. YARAK

STATE OF CALIFORNIA )  
COUNTY OF LOS ANGELES )

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

SWORN TO AND SUBSCRIBED to before me by

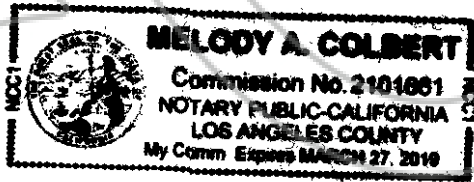
Joel B. Farrier and Melanie L. Yarak, on this 26<sup>th</sup> day of June, 2016, and who proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

Melody A. Colbert

Notary Public

My commission expires: March 27, 2019

Consult an attorney if you doubt this forms fitness for your purpose.



Initials JBF JY

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052015001798

#### CERTIFICATE OF DEATH

3201519000371

1. NAME OF DECEDENT—FIRST (Given) <b>LINDA</b>		2. MIDDLE <b>ANNE</b>		3. LAST FAMILY <b>FARRIER</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>11/16/1939</b>		5. AGE Yrs. <b>75</b>		6. UNDER ONE YEAR Months: _____ Days: _____	
7. UNDER ONE YEAR Hours: _____ Minutes: _____		8. SEX <b>F</b>		9. HOURS (24 Hour) <b>1328</b>	
10. SOCIAL SECURITY NUMBER <b>DC</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SPO* (at Time of Death) <b>DIVORCED</b>	
13. EDUCATION—Highest Level/Degree <b>SOME COLLEGE</b>		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
16. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED <b>HORTICULTURIST</b>		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>HORTICULTURE</b>		18. YEARS IN OCCUPATION <b>25</b>	
29. DECEDENT'S RESIDENCE (Street and number, or locality) <b>2550 PACIFIC COAST HIGHWAY #204</b>					
20. INFORMANT'S NAME, RELATIONSHIP <b>MELANIE YARAK, DAUGHTER</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or local route number, city or town, state and ZIP) <b>220 AVENUE E, REDONDO BEACH, CA 90277</b>			
21. CITY <b>TORRANCE</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>		23. ZIP CODE <b>90505</b>	
24. YEARS IN COUNTY <b>54</b>		25. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>			
26. NAME OF SURVIVING SPOUSE/SPO*—FIRST <b>HARRY</b>		28. MIDDLE <b>BARNETT</b>		29. LAST (Birth Name) <b>WIRIN</b>	
30. NAME OF FATHER/PARENT—FIRST <b>VIRGINIA</b>		31. MIDDLE <b>MAY</b>		32. LAST (Birth Name) <b>SMITH</b>	
33. BIRTH STATE <b>MA</b>		34. BIRTH STATE <b>DC</b>		35. BIRTH STATE <b>DC</b>	
36. DATE OF DEATH mm/dd/yyyy <b>01/15/2015</b>		37. PLACE OF FINAL DISPOSITION RES: <b>MELANIE YARAK</b> <b>220 AVENUE E, REDONDO BEACH, CA 90277</b>			
38. TYPE OF DISPOSITION <b>CR/RES</b>		39. SIGNATURE OF FUNERAL HOME <b>NOT EMBALMED</b>		40. LICENSE NUMBER	
41. NAME OF FUNERAL ESTABLISHMENT <b>WHITE &amp; DAY COLONIAL MORTUARY</b>		42. LICENSE NUMBER <b>FD825</b>		43. SIGNATURE OF FUNERAL HOME <b>JEFFREY GUNZENHAUSER, MD</b>	
44. DATE mm/dd/yyyy <b>01/08/2015</b>		45. DATE mm/dd/yyyy <b>01/08/2015</b>			
101. PLACE OF DEATH <b>DAUGHTER'S RESIDENCE</b>					
102. COUNTY <b>LOS ANGELES</b>		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or locality) <b>220 AVENUE E</b>		104. CITY <b>REDONDO BEACH</b>	
105. CAUSE OF DEATH Enter (in plain or medical terms) the cause of death. DO NOT state terminal events such as cardiac arrest, respiratory arrest, or aneurysm rupture, unless they are shown in the abstract. DO NOT abbreviate. <b>BREAST CANCER—METASTATIC</b>					
106. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>BREAST CANCER—METASTATIC</b>		107. INTERMEDIATE CAUSE (Disease or condition leading to cause) <b>MOS</b>		108. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE OF DEATH <b>NONE</b>	
109. WAS OPEN BIAS PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? <b>NO</b>		110. DATE mm/dd/yyyy <b>01/05/2015</b>		111. FEMALE PREGNANT (LAST YEAR) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
112. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. <b>PETER TSENG M.D.</b>		113. SIGNATURE AND TITLE OF CERTIFIER <b>PETER TSENG M.D.</b>		114. LICENSE NUMBER <b>A45459</b>	
115. DATE mm/dd/yyyy <b>11/26/2014</b>		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>23326 HAWTHORNE BLVD TORRANCE, CA 90505</b>		117. DATE mm/dd/yyyy <b>01/03/2015</b>	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. <b>Accident</b>					
119. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" 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 locality, and city, and ZIP)					
126. SIGNATURE OF CORONER/DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	



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.

DATE ISSUED  
Director of Public Health  
*[Signature]*  
DO 17



JAN - 9 2015

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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STATE OF NEVADA  
DECLARATION OF VALUE FORM

Recording requested By  
MELANIE L. YARAK

Eureka County - NV

Sara Simmons - Recorder

Page 1 of 1 Fee: \$17.00

Recorded By: LH RPTT

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- 1. Assessor Parcel Number(s)
  - a. 003-188-01
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_

- 2. Type of Property:
  - a.  Vacant Land
  - b.  Single Fam. Res.
  - c.  Condo/Twnhse
  - d.  2-4 Plex
  - e.  Apt. Bldg
  - f.  Comm'l/Ind'l
  - g.  Agricultural
  - h.  Mobile home
  - Other \_\_\_\_\_

FOR RECORDER'S OPTIONAL USE ONLY

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Date of Recording: \_\_\_\_\_

Notes: Verified Trust AH

- 3. a. Total Value/Sales Price of Property \$ 2731.00
- b. Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )
- c. Transfer Tax Vaule \$ \_\_\_\_\_
- d. Real Property Transfer Tax Due \$ 0.00
- 4. If Exemption Claimed:
  - a. Transfer Tax Exemption per NRS 375.090, Section 10
  - b. Explain Reason for Exemption: A conveyance of real property by deed which becomes effective upon the death of the grantor pursuant to NRS 111.109
- 5. Partial Interest: Percentage being Transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or the determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature: Melanie L. Yarak, successor trustee

Capacity: Successor Co-Trustee

Signature: \_\_\_\_\_

Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

COMPANY REQUESTING RECORDING

Print Name: Melanie L. Yarak

Escrow #: \_\_\_\_\_

Address: 220 Avenue E

City: Redondo Beach

State: California

Zip: 90277

As a public record this form may be recorded/microfilmed