

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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.

State of California
 County of Santa Barbara

On March 15, 2019 before me, Monica M Schlagel, Notary Public,
(Here insert name and title of the officer)

personally appeared Linda L. Coyte

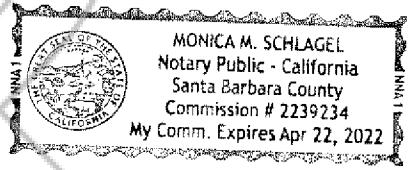
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
 Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

Individual (s)
 Corporate Officer

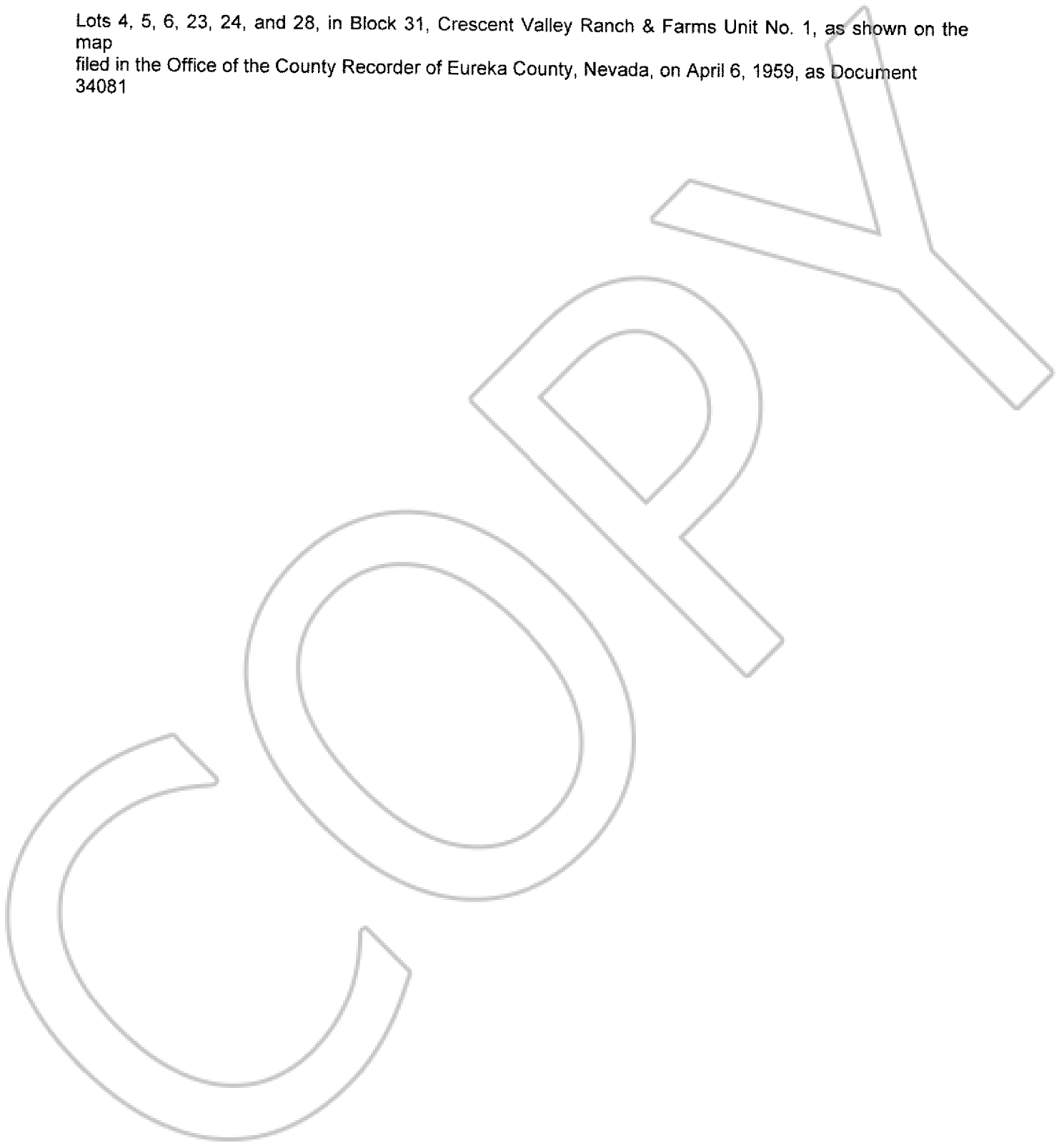
(Title)

Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

EXHIBIT "A"
LEGAL DESCRIPTION

Lots 4, 5, 6, 23, 24, and 28, in Block 31, Crescent Valley Ranch & Farms Unit No. 1, as shown on the map filed in the Office of the County Recorder of Eureka County, Nevada, on April 6, 1959, as Document 34081



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN BERNARDINO

SAN BERNARDINO, CALIFORNIA

CERTIFICATE OF DEATH

3201436012558

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS (S-F 10/REV 5/09)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ESTHER		THELMA		SCHROEPPER	
AKA ALBO KNOWN AS - (Include full AKA (FIRST, MIDDLE, LAST))					
4. DATE OF BIRTH m/d/yyyy		5. AGE Yrs.		6. SEX	
04/08/1916		98		F	
7. BIRTH STATE/FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SROP (at time of Death)	
KS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. EDUCATION - (Highest Level/Degree (see worksheet on back))		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		7. DATE OF DEATH m/d/yyyy	
08		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12/15/2014	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		8. HOUR (24 Hours)	
HOMEMAKER		OWN HOME		2022	
20. DECEDENT'S RESIDENCE (Street and number, or location)		19. YEARS IN OCCUPATION			
12110 OVERCREST DRIVE		60			
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
YUCAIPA		SAN BERNARDINO		92399	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
45		CA			
28. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or care name, number, city or town, state and zip)			
ELISA MARIE JENNINGS, DAUGHTER		12110 OVERCREST DRIVE, YUCAIPA, CA 92399			
29. NAME OF SURVIVING SPOUSE/SROP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
BERT		N		HENRY	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
GEORGIA		PEARL		DELPH	
34. BIRTH STATE		35. MIDDLE		36. BIRTH STATE	
KS		KS		KS	
39. DISPOSITION DATE m/d/yyyy		40. PLACE OF FINAL DISPOSITION (Street and number, or care name, number, city or town, state and zip)			
12/24/2014		21300 VIA VERDE DR. COVINA, CA 91724			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/BU/RES		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FOREST LAWN MEMR PRKS & MTYS		FD1150		MAXWELL OHIKHUARE, MD	
47. DATE m/d/yyyy					
12/23/2014					
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RESIDENCE/HOSPICE		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Postcare		<input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
SAN BERNARDINO		12110 OVERCREST DRIVE		YUCAIPA	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
(A) CARDIOPULMONARY ARREST		(B) MINS			
(B) MYOCARDIAL INFARCTION		(C) MINS			
(C) ARTERIOSCLEROSIS		(D) YRS			
109. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		110. AUTOPSY PERFORMED?			
NONE		(A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
111. USED IN DETERMINING CAUSE?					
NONE					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 109? (If yes, list type of operation and date)		114. IF FEMALE, PREGNANT IN LAST YEAR?			
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended (Time) (Date) (Time) (Date) (Time) (Date) (Time) (Date)		WALTER JONES III M.D.		A54962	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. DATE m/d/yyyy		119. DATE m/d/yyyy	
10/01/2014 12/15/2014 33423 YUCAIPA BLVD STE D, YUCAIPA, CA 92399		12/23/2014		12/23/2014	
120. MANNER OF DEATH		121. INJURED AT WORK?		122. INJURY DATE m/d/yyyy	
<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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
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 m/d/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE		CENSUS TRACT			
A B C D E					

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SAN BERNARDINO ASSESSOR-RECORDER-CLERK.

DATE ISSUED

JAN 10 2019



002385920

Bob Dutton
BOB DUTTON
ASSESSOR-RECORDER-CLERK

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Assessor-Recorder-Clerk.



CASANBERG