

APN #: 005-020-16

EUREKA COUNTY, NV

2019-239717

Rec:\$35.00

\$35.00 Pgs=4

11/20/2019 04:10 PM

WESTERN OUTDOOR PROPERTIES, LLC

LISA HOEHNE, CLERK RECORDER

Recording Requested by and Return to:

Debra Phillips Sundberg, Trustee on behalf of

Phillips Family Trust

13916 230th Street Ct East

Graham, WA 98338

Document Title: Affidavit of Death of Trustees

Property Affected:

Real Property in Eureka County, State of Nevada

Legal Description:

Township 31 North, Range 48 East, MDB&M

Section 27: NW $\frac{1}{4}$ SW $\frac{1}{4}$

Excepting therefrom all petroleum oil, natural gas and products derived therefrom, within or underlying said land or that may be produced therefrom, all rights thereto, together with the exclusive right at all times to enter upon or in said land to prospect for and to drill, bore, recover and remove the same, as reserved by SOUTHERN PACIFIC LAND CO., in deed recorded September 24, 1951, in Book 24, Page 168, Deed Records, Eureka County, Nevada.

APN # 005-020-16 (+/- 40 Acres)

STATE OF WASHINGTON, COUNTY PIERCE, ss:

1. Debra Phillips Sundberg is over the age of 21 and competent to testify to the matter here within;
2. Anthony R. Phillips, Marshall L. Phillips and Debra Phillips Sundberg, entered into Co-Trustees of the Phillips Family Trust, Established August 11, 1988 on a document titled "Order Setting Aside Estate without Administration" to "Phillips Family Trust" signed on January 06, 1997 in the Seventh Judicial Court of the State Of Nevada, In and for the County of Eureka, and recorded and made

official record on January 08, 1997 as document number 165877 regarding 40 Acres in Eureka, NV described in this agreement (005-020-16).

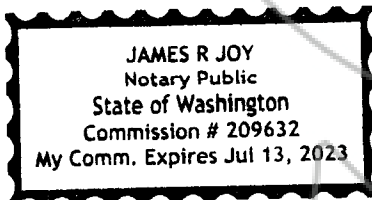
3. On January 12, 2013 at 0020 Mr. Anthony R. Phillips was declared deceased as evidenced by the attached certified copy of the death certificate issued by California State Department of Health as Local No. 3201344000087 state file No. 3052013009189. The death certificate is a certified copy as evidenced by bar code # 000390669 and issued on October 21, 2019.
4. On March 02, 2013 at 1100 Mr. Marshall L. Phillips was declared deceased as evidenced by the attached certified copy of the death certificate issued by California State Department of Health, Santa Cruz County, CA as Local No. 3201344000342, state file No. 3052013046518. The Certificate of Death is a certified copy as evidenced by bar code # 000390668 and issued on October 21, 2019.
5. I, Debra Phillips Sundberg, according to the terms in the Phillips Family Trust, dated August 11, 1988, am the sole surviving Trustee named in the Phillips Family Trust, and possess all powers granted there within to act as sole Trustee.

Signed: Debra Phillips Sundberg
Debra Phillips Sundberg

Date: 11-06-2019

STATE OF WASHINGTON, COUNTY OF Pierce, ss:

This instrument was acknowledged before me on this 6 day of November, 2019 by
Debra Phillips Sundberg Trustee on behalf of The Phillips Family Trust.



Jim Joy
Notary Public

Signature of person taking acknowledgment

James Joy Notary Public

Title (and Rank)

My commission expires 7/13/23

CERTIFICATION OF VITAL RECORD

SANTA CRUZ, CALIFORNIA

3052013009189

CERTIFICATE OF DEATH

3201344000087

STATE FILE NUMBER

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/06)

LOCAL REGISTRATION NUMBER

1. NAME OF DECEASED (First, Middle, Last) TONY PHILLIPS		2. MIDDLE RALPH		3. LAST (Family) PHILLIPS		LOCAL REGISTRATION NUMBER 75-14675 (308)	
4. AKA, ALSO KNOWN AS - include full AKA (FHS1, MIDDLE, LAST) TONY PHILLIPS		5. DATE OF BIRTH mm/dd/yyyy 07/28/1947		6. AGE Yrs. 65		7. NUMBER OF YEARS LIVING IN U.S. 65	
8. BIRTH STRAIGHT COUNTRY AMERICAN		9. SOCIAL SECURITY NUMBER 11-44-1111		10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		11. MARITAL STATUS (P) (In Time of Death) MARRIED	
12. EDUCATION - highest level/degree (see worksheet on back) HIS GRADUATE		13. WAS DECEASED HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. DATE OF DEATH mm/dd/yyyy 01/12/2013		15. HOUR (24 hours) 0020	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SALESMAN		17. TYPE OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) INSURANCE		18. YEARS IN OCCUPATION 29			
19. DECEASED'S RESIDENCE (Street and number, or location) 142 CHELSEY PLACE							
20. CITY SANTA CRUZ		21. COUNTY/CLAVOS SANTA CRUZ		22. ZIP CODE 95060		23. STATE (P) (In Time of Death) 52	
24. COUNTRY OF BIRTH AMERICAN		25. STATE OF BIRTH CALIFORNIA		26. INFORMATION MAILING ADDRESS (Street and number, or final out-of-country city or town, ZIP and P.S.) 142 CHELSEY PLACE, SANTA CRUZ, CA 95060			
27. NAME OF SURVIVING SPOUSE/SPOUSE-4 FIRST CHRISTINA		28. MIDDLE MARIE		29. LAST (BIRTH NAME) SPONG			
30. NAME OF FATHER/PARENT-FIRST RALPH		31. MIDDLE JUNIOR		32. LAST PHILLIPS		33. BIRTH STATE IOWA	
34. NAME OF MOTHER/PARENT-FIRST MARILYN		35. MIDDLE ELETHA		36. LAST (BIRTH NAME) ANDERSON		37. BIRTH STATE IOWA	
38. DISPOSITION DATE mm/dd/yyyy 01/18/2013		39. PLACE OF FINAL DISPOSITION SANTA CRUZ MEMORIAL PARK		40. TYPE OF DISPOSITION 1927 OCEAN STREET, SANTA CRUZ, CA 95060			
41. SIGNATURE OF EMBALMER CRBU		42. SIGNATURE OF EMBALMER FD1476		43. LICENSE NUMBER NONE		44. DATE mm/dd/yyyy 01/18/2013	
45. NAME OF FUNERAL ESTABLISHMENT SANTA CRUZ MEMORIAL		46. SIGNATURE OF LOCAL REGISTRAR IRA LUBELL, MD, MPH		47. DATE mm/dd/yyyy 01/18/2013			
48. PLACE OF DEATH RESIDENCE		49. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> GROUP <input type="checkbox"/> DCA <input type="checkbox"/> N/A		50. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other <input type="checkbox"/> Other		51. CITY SANTA CRUZ	
52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 142 CHELSEY PLACE		53. CAUSE OF DEATH 1. CARDIOPULMONARY ARREST		54. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		55. MENTAL EXAMINER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
56. CAUSE OF DEATH 2. CONGESTIVE CARDIOMYOPATHY		57. CAUSE OF DEATH 3. CORONARY ARTERY DISEASE		58. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		59. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 1-3 NONE		61. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		62. DATE mm/dd/yyyy 01/15/2013			
63. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 118. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 119. SIGNATURE AND TITLE OF CERTIFIER 120. DATE mm/dd/yyyy 121. LICENSE NUMBER 122. HOUR (24 hours)							
64. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 123. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 124. SIGNATURE AND TITLE OF CERTIFIER 125. DATE mm/dd/yyyy 126. LICENSE NUMBER 127. HOUR (24 hours)							
65. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 128. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 129. SIGNATURE AND TITLE OF CERTIFIER 130. DATE mm/dd/yyyy 131. LICENSE NUMBER 132. HOUR (24 hours)							
66. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 133. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 134. SIGNATURE AND TITLE OF CERTIFIER 135. DATE mm/dd/yyyy 136. LICENSE NUMBER 137. HOUR (24 hours)							
67. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 138. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 139. SIGNATURE AND TITLE OF CERTIFIER 140. DATE mm/dd/yyyy 141. LICENSE NUMBER 142. HOUR (24 hours)							
68. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 143. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 144. SIGNATURE AND TITLE OF CERTIFIER 145. DATE mm/dd/yyyy 146. LICENSE NUMBER 147. HOUR (24 hours)							
69. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 148. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 149. SIGNATURE AND TITLE OF CERTIFIER 150. DATE mm/dd/yyyy 151. LICENSE NUMBER 152. HOUR (24 hours)							
70. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 153. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 154. SIGNATURE AND TITLE OF CERTIFIER 155. DATE mm/dd/yyyy 156. LICENSE NUMBER 157. HOUR (24 hours)							
71. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 158. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 159. SIGNATURE AND TITLE OF CERTIFIER 160. DATE mm/dd/yyyy 161. LICENSE NUMBER 162. HOUR (24 hours)							
72. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 163. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 164. SIGNATURE AND TITLE OF CERTIFIER 165. DATE mm/dd/yyyy 166. LICENSE NUMBER 167. HOUR (24 hours)							
73. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 168. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 169. SIGNATURE AND TITLE OF CERTIFIER 170. DATE mm/dd/yyyy 171. LICENSE NUMBER 172. HOUR (24 hours)							
74. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 173. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 174. SIGNATURE AND TITLE OF CERTIFIER 175. DATE mm/dd/yyyy 176. LICENSE NUMBER 177. HOUR (24 hours)							
75. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 178. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 179. SIGNATURE AND TITLE OF CERTIFIER 180. DATE mm/dd/yyyy 181. LICENSE NUMBER 182. HOUR (24 hours)							
76. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 183. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 184. SIGNATURE AND TITLE OF CERTIFIER 185. DATE mm/dd/yyyy 186. LICENSE NUMBER 187. HOUR (24 hours)							
77. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 188. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 189. SIGNATURE AND TITLE OF CERTIFIER 190. DATE mm/dd/yyyy 191. LICENSE NUMBER 192. HOUR (24 hours)							
78. I AM A PHYSICIAN AND I HAVE EXAMINED THE BODY OF THE DECEASED. I HAVE NO OTHER INFORMATION TO REPORT. 193. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER 194. SIGNATURE AND TITLE OF							

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CRUZ

* 0 0 0 3 9 0 6 6 9 *

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SANTA CRUZ COUNTY RECORDER.

DATE ISSUED October 21 2019 BY _____

This copy is not valid unless printed on an engraved border, displaying date and the signature of the Deputy County Recorder.

PRNCO-Rev1 (5/17)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.

Sean Saldarria

SEAN SALDAVIA
COUNTY RECORDER

CERTIFICATION OF VITAL RECORD

SANTA CRUZ, CALIFORNIA

3052013046518

CERTIFICATE OF DEATH

3201344000342

STATE FILE NUMBER

DATE OF BIRTH (MM/DD/YYYY)
USE BLACK INK ONLY NO PENCILS, WHITEOUTS OR ALTERATIONS
(15-1 REV. 3/08)

LOCAL REGISTRATION NUMBER

1. NAME OF DECEASED - FIRST (Given) MARSHALL		2. MIDDLE LEWIS		3. LAST (Family) PHILLIPS	
AKA, ALSO KNOWN AS - Include full AKA (FIRST MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 11/25/1953	6. AGE Yrs 59
5. BIRTH STATE-FOREIGN COUNTRY CALIFORNIA		SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (as of Date of Death) DIVORCED
13. EDUCATION - Highest Level/Degree (Use worksheet on back) SOME COLLEGE		14. WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, use worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEASED'S RACE - List 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				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) SUPERMARKET	
20. DECEASED'S RESIDENCE (Street number, or location) 1704 LOTTMAN DRIVE				19. HOURS IN OCCUPATION 26	
21. CITY SANTA CRUZ		22. COUNTY-PROVINCE SANTA CRUZ		23. ZIP CODE 95062	24. ZIP+4 IN COUNTY 50
25. AFOREMENT'S NAME RELATIONSHIP MICHELLE PHILLIPS, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 1704 LOTTMAN DRIVE, SANTA CRUZ, CA 95062			
28. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST RALPH		29. MIDDLE JUNIOR		30. LAST (BIRTH NAME) PHILLIPS	
31. NAME OF FATHER/PARENT-FIRST MARILYN		32. MIDDLE ELETHA		33. LAST (BIRTH NAME) ANDERSON	
34. NAME OF MOTHER/PARENT-FIRST MARILYN		35. MIDDLE ELETHA		36. LAST (BIRTH NAME) ANDERSON	
37. DISPOSITION DATE mm/dd/yyyy 03/11/2013		40. PLACE OF FINAL DISPOSITION SANTA CRUZ MEMORIAL PARK 1927 OCEAN STREET, SANTA CRUZ, CA 95060			
41. TYPE OF DISPOSITIONS CR/BU		42. SIGNATURE OF EMBALMER JOSEPH SMITH		43. LICENSE NUMBER EMB9054	
44. NAME OF FUNERAL ESTABLISHMENT SANTA CRUZ MEMORIAL		45. LICENSE NUMBER FD1476		46. SIGNATURE OF LOCAL REGISTRAR LISA B. HERNANDEZ, MD, MPH	
101. PLACE OF DEATH RESIDENCE		102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1704 LOTTMAN DRIVE		106. CITY SANTA CRUZ	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter external events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. a) CARDIAC ARREST b) MYOCARDIAL INFARCTION c) CORONARY ARTERY DISEASE d) HYPERTENSION		108. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ELP <input type="checkbox"/> DOA <input type="checkbox"/> HOSPICE		109. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
110. TIME BETWEEN Death and Death 5 MIN		111. TIME REPORTED TO CORONER (Street and Date) 03/11/2013		112. DATE REPORTED TO CORONER 03/11/2013	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESISTING THE UNDERLYING CAUSE GIVEN IN 107 OBSTRUCTIVE SLEEP APNEA, MORBID OBESITY		114. TYPE AFFECTING THE DEATH (e.g., name, mailing address, zip code) JACK ROBERT WATSON M.D.		115. TYPE AFFECTING THE DEATH (e.g., name, mailing address, zip code) JACK ROBERT WATSON M.D.	
116. TYPE AFFECTING THE DEATH (e.g., name, mailing address, zip code) 03/31/2008		117. TYPE AFFECTING THE DEATH (e.g., name, mailing address, zip code) 02/25/2013		118. TYPE AFFECTING THE DEATH (e.g., name, mailing address, zip code) 03/06/2013	
119. TYPE AFFECTING THE DEATH (e.g., name, mailing address, zip code) 03/31/2008		120. TYPE AFFECTING THE DEATH (e.g., name, mailing address, zip code) 02/25/2013		121. TYPE AFFECTING THE DEATH (e.g., name, mailing address, zip code) 03/06/2013	
122. PLACE OF DEATH (e.g., home, construction site, wooded area, etc.) Natural		123. PLACE OF DEATH (e.g., home, construction site, wooded area, etc.) Natural		124. PLACE OF DEATH (e.g., home, construction site, wooded area, etc.) Natural	
125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		126. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		127. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
128. LOCATION OF INJURY (Street and number, or location, and city and state)		129. LOCATION OF INJURY (Street and number, or location, and city and state)		130. LOCATION OF INJURY (Street and number, or location, and city and state)	
131. SIGNATURE OF CORONER / DEPUTY CORONER		132. SIGNATURE OF CORONER / DEPUTY CORONER		133. SIGNATURE OF CORONER / DEPUTY CORONER	
134. SIGNATURE OF CORONER / DEPUTY CORONER		135. SIGNATURE OF CORONER / DEPUTY CORONER		136. SIGNATURE OF CORONER / DEPUTY CORONER	
137. SIGNATURE OF CORONER / DEPUTY CORONER		138. SIGNATURE OF CORONER / DEPUTY CORONER		139. SIGNATURE OF CORONER / DEPUTY CORONER	
140. SIGNATURE OF CORONER / DEPUTY CORONER		141. SIGNATURE OF CORONER / DEPUTY CORONER		142. SIGNATURE OF CORONER / DEPUTY CORONER	
143. SIGNATURE OF CORONER / DEPUTY CORONER		144. SIGNATURE OF CORONER / DEPUTY CORONER		145. SIGNATURE OF CORONER / DEPUTY CORONER	
146. SIGNATURE OF CORONER / DEPUTY CORONER		147. SIGNATURE OF CORONER / DEPUTY CORONER		148. SIGNATURE OF CORONER / DEPUTY CORONER	
149. SIGNATURE OF CORONER / DEPUTY CORONER		150. SIGNATURE OF CORONER / DEPUTY CORONER		151. SIGNATURE OF CORONER / DEPUTY CORONER	
152. SIGNATURE OF CORONER / DEPUTY CORONER		153. SIGNATURE OF CORONER / DEPUTY CORONER		154. SIGNATURE OF CORONER / DEPUTY CORONER	
155. SIGNATURE OF CORONER / DEPUTY CORONER		156. SIGNATURE OF CORONER / DEPUTY CORONER		157. SIGNATURE OF CORONER / DEPUTY CORONER	
158. SIGNATURE OF CORONER / DEPUTY CORONER		159. SIGNATURE OF CORONER / DEPUTY CORONER		160. SIGNATURE OF CORONER / DEPUTY CORONER	
161. SIGNATURE OF CORONER / DEPUTY CORONER		162. SIGNATURE OF CORONER / DEPUTY CORONER		163. SIGNATURE OF CORONER / DEPUTY CORONER	
164. SIGNATURE OF CORONER / DEPUTY CORONER		165. SIGNATURE OF CORONER / DEPUTY CORONER		166. SIGNATURE OF CORONER / DEPUTY CORONER	
167. SIGNATURE OF CORONER / DEPUTY CORONER		168. SIGNATURE OF CORONER / DEPUTY CORONER		169. SIGNATURE OF CORONER / DEPUTY CORONER	
170. SIGNATURE OF CORONER / DEPUTY CORONER		171. SIGNATURE OF CORONER / DEPUTY CORONER		172. SIGNATURE OF CORONER / DEPUTY CORONER	
173. SIGNATURE OF CORONER / DEPUTY CORONER		174. SIGNATURE OF CORONER / DEPUTY CORONER		175. SIGNATURE OF CORONER / DEPUTY CORONER	
176. SIGNATURE OF CORONER / DEPUTY CORONER		177. SIGNATURE OF CORONER / DEPUTY CORONER		178. SIGNATURE OF CORONER / DEPUTY CORONER	
179. SIGNATURE OF CORONER / DEPUTY CORON					

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DATE ISSUED October 21, 2019 BY _____

SEAN SALDASIA
COUNTY RECORDER

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE