

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**

Neil Fischer

225 E Main St.  
Santa Maria CA  
93454

EUREKA COUNTY, NV

**2021-244672**

Rec:\$37.00

\$37.00

Pgs=4

**04/14/2021 11:49 AM**

FIRST AMERICAN TITLE INSURANCE COMPANY

LISA HOEHNE, CLERK RECORDER

Space Above This Line for  
Recorder's Use Only

**A.P.N. 005-340-30**

File No.: 13895-2618144 (TV)

**Affidavit - Death of Trustee**

State of California )  
County of Santa Barbara )ss.


**Neil Fischer** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Maybelle F. Fischer** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on 11/3/97 at Los Angeles, CA (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **October 15, 1990** executed by **Maybelle F. Fischer** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain Sale Deed** dated **June 4, 1990** which was recorded as Instrument No. **132437** in Book **210**, Page **567**, of Official Records of **Eureka** County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 3/30/2021


DECLARANT:   
Neil Fischer

State of California )  
County of Santa Barbara )ss  
)

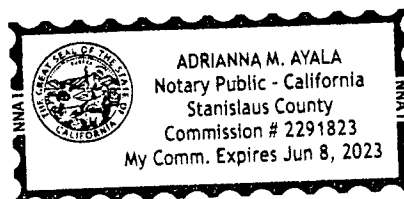
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Santa Barbara and State California, this 30th day of March, 20 21 by Neil Fischer, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.

*This area for official notarial seal*

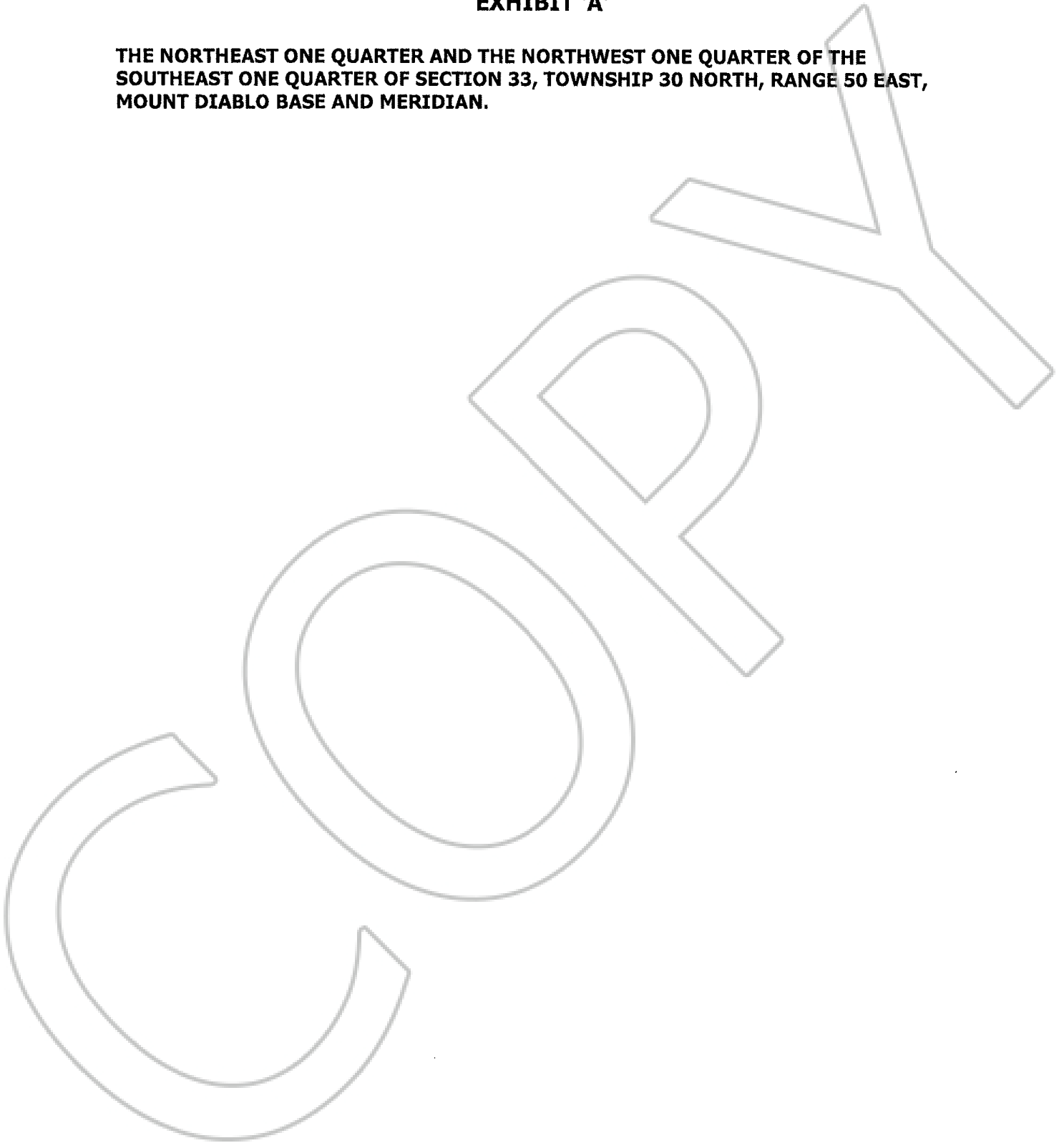
Signature   
My Commission Expires: 6-8-23

Notary Name: Adrianna M Ayala Notary Phone: (209) 735-0109  
Notary Registration Number: # 2291823 County of Principal Place of Business Stanislaus



**EXHIBIT 'A'**

**THE NORTHEAST ONE QUARTER AND THE NORTHWEST ONE QUARTER OF THE  
SOUTHEAST ONE QUARTER OF SECTION 33, TOWNSHIP 30 NORTH, RANGE 50 EAST,  
MOUNT DIABLO BASE AND MERIDIAN.**



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

## REGISTRAR-RECORDER/COUNTY CLERK

### CERTIFICATE OF DEATH

3 199719 045557

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given)		2. MIDDLE		3. LAST (Family)	
MAYBELLE		FLORENCE		FISCHER	
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS.		6. SEX	
01/06/1919		78		F	
7. DATE OF DEATH M/M/DD/CCYY		8. HOUR		9. MINUTE	
11/03/1997		0630			
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
CA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WIDOWED	
13. EDUCATION—YEARS COMPLETED		14. RACE		15. USUAL EMPLOYER	
12		CAUCASIAN		SELF-EMPLOYED	
16. OCCUPATION		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION	
HOMEMAKER		OWN HOME		55	
20. RESIDENCE—STREET AND NUMBER OR LOCATION					
24230 HERITAGE LANE					
21. CITY		22. COUNTY		23. ZIP CODE	
NEWHALL		LOS ANGELES		91321	
24. YES IN COUNTY		25. STATE OR FOREIGN COUNTRY			
73		CA			
26. NAME, RELATIONSHIP					
NEIL F. FISCHER - SON					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)					
821 S. SPEED ST SANTA MARIA CA 93454					
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
GEORGE		J.		BERRINGTON	
34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE	
OH		MARGARET		D.	
37. LAST (MAIDEN)		38. BIRTH STATE			
MC GREGOR		OH			
39. DATE M/M/DD/CCYY					
11/07/1997					
40. PLACE OF FINAL DISPOSITION					
ETERNAL VALLEY MEMORIAL PARK NEWHALL CA					
41. TYPE OF DISPOSITION		42. SIGNATURE OF ENBALMER		43. LICENSE NO.	
BURIAL		NOT ENBALMED			
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR	
ETERNAL VALLEY MORTUARY		FD-1163		Mark [Signature]	
47. DATE M/M/DD/CCYY		48. SIGNATURE OF LOCAL REGISTRAR		49. DATE M/M/DD/CCYY	
11/05/1997				11/05/1997	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL	
HENRY MAYO HOSP.		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. COUNTY		105. CITY		106. CITY	
LOS ANGELES		LOS ANGELES		VALENCIA	
107. STREET ADDRESS—STREET AND NUMBER OR LOCATION		108. CITY		109. CITY	
23845 MC BEAN PKY		VALENCIA		VALENCIA	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER	
(A) MYELO-MONOCYTIC LEUKEMIA		1 MTH		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B)				109. BIOPSY PERFORMED	
DUE TO (C)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				110. AUTOPSY PERFORMED	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
PNEUMONIA, CONGESTIVE HEART FAILURE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
NO					
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 NO.	
DECEDENT ATTENDED SINCE: M/M/DD/CCYY		DECEDENT LAST SEEN ALIVE: M/M/DD/CCYY		117. DATE M/M/DD/CCYY	
08/28/1986		11/02/1997		11/04/1997	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		120. INJURY AT WORK	
RAJINDER KAUSHAL MD 23928 LYONS AVE #206 NEWHALL CA 91321		RAJINDER KAUSHAL MD 23928 LYONS AVE #206 NEWHALL CA 91321		<input type="checkbox"/> YES <input type="checkbox"/> NO	
121. MANNER OF DEATH		122. HOUR		123. PLACE OF INJURY	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE					
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENALTY INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED					
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
129. STATE REGISTRAR					
A B C D E F G H FAX AUTH. # CENSUS TRACT					

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

FEB 22 2021



1000004041276

0008119882 - 02 - E

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALOSANG02