

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

CATHERINE MARY STANLEY, Trustee
GEORGE AND DOLORES STANLEY
REVOCABLE TRUST
c/o ROBERT D. KEIJONEN
P.O. BOX 426
GLEN DORA, CA 91740-0426

EUREKA COUNTY, NV **2022-248096**
Rec:\$37.00
\$37.00 Pgs=5 **06/01/2022 08:22 AM**
MY LEGAL DEPOT, INC.
KATHERINE J. BOWLING, CLERK RECORDER

MAIL TAX STATEMENTS AS INDICATED BELOW:

APN: 005-520-05; 005-290-01

AFFIDAVIT - DEATH OF TRUSTEE

State of Nevada
County of Eureka

CATHERINE MARY STANLEY, of legal age, being first duly sworn, deposes and says:

That, GEORGE EDWARD STANLEY and DOLORES GERTRUDE STANLEY, the decedents mentioned in the attached certified copies of Certificates of Death, are the same persons as GEORGE E. STANLEY and DOLORES G. STANLEY, husband and wife, as Trustees of the GEORGE AND DOLORES STANLEY REVOCABLE TRUST dated March 26, 2001, executed by GEORGE E. STANLEY and DOLORES G. STANLEY as Settlers and Trustees and in which CATHERINE MARY STANLEY is the Successor Trustee to GEORGE E. STANLEY and DOLORES G. STANLEY, who are named as Grantees in that certain Deed, recorded August 4, 2008, as Instrument No. 0212200 in the Official Records of the County Recorder of Eureka County, State of Nevada, covering the following described real property:

LEGAL DESCRIPTION ATTACHED HERETO AND INCORPORATED HEREIN AS EXHIBIT "A"

Dated: 5/20/22

Catherine M. Stanley
CATHERINE MARY STANLEY, Trustee

SEE ATTACHED DOCUMENT *not mail part*

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 LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2022,
by CATHERINE MARY STANLEY proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

WITNESS my hand and official seal.

Notary Public in and for said County and State

MAIL TAX STATEMENTS TO: CATHERINE MARY STANLEY, Trustee, GEORGE AND DOLORES

CALIFORNIA JURAT

GOVERNMENT CODE § 8202



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.

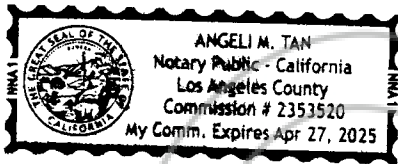
State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 20th day of May, 2022, by
Date Month Year

(1) Catherine Mary Stanley

(and (2) _____),
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Angeli M. Tan
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: AFFIDAVIT DEATH OF TRUSTEE

Document Date: May 20, 2022 Number of Pages: two

Signer(s) Other Than Named Above: N/A

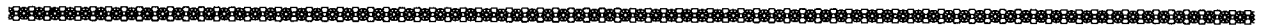


EXHIBIT "A"

PARCEL 1

TOWNSHIP 29, RANGE 49 EAST, SECTION 19

BEING A PORTION OF LOT 3 DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHEAST CORNER OF SAID LOT 3, THENCE NORTH 89° 50' WEST ALONG THE NORTH LINE OF SAID LOT 3 A DISTANCE OF 533.45 FEET; THENCE SOUTH 0° 5' WEST A DISTANCE OF 660.0 FEET TO THE TRUE POINT OF BEGINNING; 330.0 FEET; THENCE SOUTH 0° 5' WEST 330.0 FEET; THENCE NORTH 89° 50' WEST A DISTANCE OF 533.61 FEET TO A POINT ON THE WEST LINE OF SAID LOT 3; THENCE ALONG SAID LINE NORTH 330.0 FEET; THENCE SOUTH 89° 50' EAST A DISTANCE OF 533.78 FEET TO THE TRUE POINT OF BEGINNING.

PARCEL 2

TOWNSHIP 30 NORTH, RANGE 49 EAST, SECTION 5

THE NORTHWEST ¼ OF THE NORTHWEST ¼, KNOWN AS LOT 4

RESERVING THEREFROM A EASEMENT OF 30 FEET ALONG ALL BOUNDARIES FOR INGRESS AND EGRESS, WITH POWER TO DEDICATE.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

3052019211543

CERTIFICATE OF DEATH

3201919047421

STATE FILE NUMBER 3052019211543		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (VS 1-14 FEB 2005)		LOCAL REGISTRATION NUMBER 3201919047421		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) GEORGE		2. MIDDLE EDWARD		3. LAST (Family) STANLEY	
	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					4. DATE OF BIRTH mm/dd/ccyy 10/29/1928
	9. BIRTH STATE/FOREIGN COUNTRY OH		10. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE Yrs. 90 IF UNDER ONE YEAR: Months Days; IF UNDER 24 HOURS: Hours Minutes	
USUAL RESIDENCE	13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) YES		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ENGINEERING		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AEROSPACE		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
	20. DECEDENT'S RESIDENCE (Street and number, or location) 528 CALIFORNIA DR.		21. CITY CLAREMONT		22. COUNTY/PROVINCE LOS ANGELES	
SPOUSE/SRDP AND PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP (see worksheet on back) CATHERINE STANLEY, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 4132 W. KLING ST., BURBANK, CA 91505			
	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST DOLORES		29. MIDDLE -		30. LAST (BIRTH NAME) MISKOWSKI	
	31. NAME OF FATHER/PARENT - FIRST GEORGE		32. MIDDLE -		33. LAST STANLEY	
FUNERAL DIRECTORY / LOCAL REGISTRAR	35. NAME OF MOTHER/PARENT - FIRST ANN		36. MIDDLE -		37. LAST (BIRTH NAME) AUGUST	
	38. DISPOSITION DATE mm/dd/ccyy 10/23/2019		40. PLACE OF FINAL DISPOSITION OAK PARK CEMETERY 410 SYCAMORE AVE., CLAREMONT, CA 91711			
	41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
PLACE OF DEATH	44. NAME OF FUNERAL ESTABLISHMENT TODD MEMORIAL CHAPEL		45. LICENSE NUMBER FD110		46. SIGNATURE OF LOCAL REGISTRAR ▶ MUNTU DAVIS, M.D.	
	101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 528 CALIFORNIA DR.		106. CITY CLAREMONT	
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CONGESTIVE HEART FAILURE				Time Interval Between Onset and Death (AT) YRS	
	Sequitentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) (C) (D)				108. DEATH REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE				109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PHYSICIAN'S CERTIFICATION	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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. Decedent Attended Since (A) mm/dd/ccyy 09/05/2019; Decedent Last Seen Alive (B) mm/dd/ccyy 10/16/2019		115. SIGNATURE AND TITLE OF CERTIFIER ▶ RAJNISH JANDIAL M.D.		116. LICENSE NUMBER A70533	
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RAJNISH JANDIAL M.D. 1343 N. GRAND AVE., #100, COVINA, CA 91724		117. DATE mm/dd/ccyy 10/18/2019			
CORONER'S USE ONLY	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"/> Fencing 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/ccyy	
	122. HOUR (24 Hours)					
	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 mm/dd/ccyy			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER						
STATE REGISTRAR	A	B	C	D	E	
FAX AUTH.#				CENSUS TRACT		

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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.

[Signature] M.D. DATE ISSUED
 Health Officer and Registrar

OCT 29 2019



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052022072632

CERTIFICATE OF DEATH

3202219015851

Form containing decedent's personal data, usual residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only sections.

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

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.

Barcode and number *003358480*

Signature of Health Officer and Registrar, DATE ISSUED

MAR 29 2022

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

