

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

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.

SEE ATTACHED 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

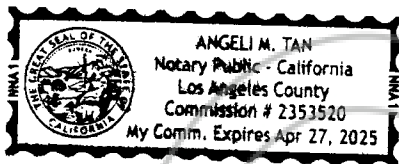
MAIL TAX STATEMENTS TO: CATHERINE MARY STANLEY, Trustee, GEORGE AND DOLORES

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

Place Notary Seal and/or Stamp Above

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 Angel M Tan
Signature of Notary Public

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 $89^{\circ} 50'$ WEST ALONG THE NORTH LINE OF SAID LOT 3 A DISTANCE OF 533.45 FEET; THENCE SOUTH $0^{\circ} 5'$ WEST A DISTANCE OF 660.0 FEET TO THE TRUE POINT OF BEGINNING; 330.0 FEET; THENCE SOUTH $0^{\circ} 5'$ WEST 330.0 FEET; THENCE NORTH $89^{\circ} 50'$ 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 $89^{\circ} 50'$ 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 $\frac{1}{4}$ OF THE NORTHWEST $\frac{1}{4}$, 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		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) GEORGE		2. MIDDLE EDWARD	
3. LAST (Family) STANLEY		4. DATE OF BIRTH mm/dd/ccyy 10/29/1928	
5. AGE Yrs. 90		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY OH		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at time of death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14.15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		17. DATE OF DEATH mm/dd/ccyy 10/17/2019	
18. HOUR (24 Hours) 0920		19. YEARS IN OCCUPATION 42	
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	
20. DECEDENT'S RESIDENCE (Street and number, or location) 528 CALIFORNIA DR.		21. CITY CLAREMONT	
22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91711	
24. YEARS IN COUNTY 65		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP 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/SDP*-FIRST DOLORES		29. MIDDLE -	
30. LAST (BIRTH NAME) MISKOWSKI		31. NAME OF FATHER/PARENT-FIRST GEORGE	
32. MIDDLE -		33. LAST STANLEY	
34. BIRTH STATE CROATIA		35. NAME OF MOTHER/PARENT-FIRST ANN	
36. MIDDLE -		37. LAST (BIRTH NAME) AUGUST	
38. BIRTH STATE OH		39. 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 -	
44. NAME OF FUNERAL ESTABLISHMENT TODD MEMORIAL CHAPEL		45. LICENSE NUMBER FD110	
46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.		47. DATE mm/dd/ccyy 10/22/2019	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/UTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/UTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. CITY CLAREMONT	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 528 CALIFORNIA DR.		106. CITY CLAREMONT	
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) CONGESTIVE HEART FAILURE		108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
109. BIOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		110. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
111. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 112? (if yes, list type of operation and date) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
115. SIGNATURE AND TITLE OF CERTIFIER RAJNISH JANDIAL M.D.		116. LICENSE NUMBER A70533	
117. DATE mm/dd/ccyy 10/18/2019		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RAJNISH JANDIAL M.D. 1343 N. GRAND AVE., #100, COVINA, CA 91724	
119. 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 mm/dd/ccyy 09/05/2019		120. INJURED AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
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		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.

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

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DOLORES		3. LAST (Family) STANLEY	
2. MIDDLE GERTRUDE		4. DATE OF BIRTH mm/dd/yyyy 10/27/1929	
5. AGE Yrs. 92		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY WI		12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED	
10. SOCIAL SECURITY NUMBER [REDACTED]		7. DATE OF DEATH mm/dd/yyyy 03/18/2022	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		8. HOUR (24 Hours) 1708	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) DOMESTIC		19. YEARS IN OCCUPATION 72	
20. DECEDENT'S RESIDENCE (Street and number, or location) 528 CALIFORNIA DRIVE			
21. CITY CLAREMONT		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 91711		24. YEARS IN COUNTY 67	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP DONALD JAMES STANLEY, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2348 TRICKLING CREEK DRIVE, LA VERNE, CA 91750		28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST THOMAS		32. MIDDLE -	
33. LAST MISKOWSKI		34. BIRTH STATE UNK	
35. NAME OF MOTHER/PARENT - FIRST MARTHA		36. MIDDLE -	
37. LAST (BIRTH NAME) DOLATA		38. BIRTH STATE WI	
39. DISPOSITION DATE mm/dd/yyyy 03/24/2022		40. PLACE OF FINAL DISPOSITION OAK PARK CEMETERY 410 SYCAMORE AVENUE, CLAREMONT, CA 91711	
41. TYPE OF DISPOSITION(S) CREMATE/BURIAL		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT TODD MEMORIAL CHAPEL	
45. LICENSE NUMBER FD110		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS MD	
47. DATE mm/dd/yyyy 03/24/2022		48. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ED/OP <input type="checkbox"/> DCA	
49. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		101. PLACE OF DEATH RESIDENCE	
102. COUNTY LOS ANGELES		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 528 CALIFORNIA DRIVE	
104. CITY CLAREMONT		105. 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. (A) CARDIOPULMONARY ARREST (B) SENILE DEGENERATION OF THE BRAIN	
106. TIME INTERVAL BETWEEN ONSET AND DEATH (A) MINS (B) YRS		107. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
108. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		113. 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: 03/09/2022 Decedent Last Seen Alive: 03/18/2022		115. SIGNATURE AND TITLE OF CERTIFIER FRANCIS A MENDEZ MUNDUATE, MD	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE FRANCIS A MENDEZ MUNDUATE, MD 4115 E. LIVE OAK AVENUE, SUITE 10, ARCADIA, CA 91006		117. LICENSE NUMBER A141995	
118. DATE 03/23/2022		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"/> Pending 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/yyyy	
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/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. STATE REGISTRAR	

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

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* 0 0 3 3 5 8 4 8 0 *

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