

RECORDING REQUESTED BY  
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AND WHEN RECORDED MAIL TO:

Christopher M. Dietrich, Esq.  
1401 19th Street, Suite 440  
Bakersfield, California 93301

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# Affidavit - Death of Trustee

State of California ) s.s.  
County of Kern )

██████████, also known as ██████████ ██████████, of legal age, being first duly sworn, deposes and says:

1. That ██████████, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as ██████████, the Co-Trustee of The ██████████ and ██████████ Living Trust, dated June 27, 1991 and executed by ██████████, as Settlers.

2. At the time of the demise of the Decedent, the Decedent was the record owner, as Co-Trustee of the above-described trust, of real property described in a Trust Transfer Deed, which was signed by ██████████ as grantors, and recorded as Instrument No. 191083958 of Kern County, CA Official Records on July 5, 1991. The property is situated in the County of Kern, State of California. The legal description of said property is as follows:

The South 45 feet of Lot 25 and the North 30 feet of Lot 26 in Tract 1609, in the County of Kern, State of California, as per Map recorded December 28, 1951 in Book 7, Page 184, of Maps, in the Office of the County Recorder of said County. Subject to exceptions of record. Assessor's Tax No. 122-182-11-00-8.

3. I, ██████████, am the named Successor Trustee under the above described Trust, which was in effect at the time of death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.

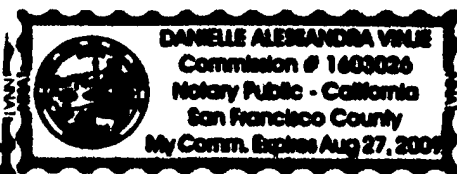
I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Dated: 8/21/09

State of California  
County of SAN FRANCISCO

Subscribed and sworn to (or affirmed) before me on this 21<sup>st</sup> day of AUGUST, 2009, by LYNN RUPUP SMITH personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

*Danielle V. [Signature]*  
NOTARY PUBLIC



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

DEPARTMENT OF PUBLIC HEALTH

1700 FLOWER STREET, BAKERSFIELD, CALIFORNIA 93305-4198

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VB-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)			
4. DATE OF BIRTH M/M/D/CYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH M/M/D/CYY	
09/27/1915		85		M		01/29/2001	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
WI		[REDACTED]		[X] YES [ ] NO [ ] UNK		MARRIED	
14. RACE		15. HISPANIC—SPECIFY					
WHITE		[ ] YES [X] NO [REDACTED]					
17. OCCUPATION		18. KIND OF BUSINESS				19. YEARS IN OCCUPATION	
OWNER		TRUCK TIRE SALES AND SERVICE				50	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)							
[REDACTED]							
21. CITY		22. COUNTY		23. ZIP CODE		25. STATE OR FOREIGN COUNTRY	
BAKERSFIELD		KERN		93305		CALIFORNIA	
26. NAME, RELATIONSHIP				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
[REDACTED] - WIFE				[REDACTED] BAKERSFIELD, CA 93305			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)			
[REDACTED]		[REDACTED]		[REDACTED]			
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
[REDACTED]		[REDACTED]		[REDACTED]		NE	
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE	
[REDACTED]		[REDACTED]		[REDACTED]		WI	
39. DATE M/M/D/CYY		40. PLACE OF FINAL DISPOSITION					
01/30/2001		GREENLAWN MEMORIAL PARK, RIVER BLVD. BAKERSFIELD, CA					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER				43. LICENSE NO.	
CR/BU		NOT EMBALMED				-	
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.				46. SIGNATURE OF LOCAL REGISTRAR	
DOUGHTY-CALHOUN-O MEARA		FD 359				B. JINADU, MD	
47. DATE M/M/D/CYY		48. SIGNATURE OF LOCAL REGISTRAR					
01/30/2001		[Signature]					
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:				104. COUNTY	
RESIDENCE		[ ] IP [ ] ER/OP [ ] DOA [ ] CONV. HOSP. [ ] RES. CARE [ ] OTHER				KERN	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		106. CITY				107. DEATH REPORTED TO CORONER	
[REDACTED]		BAKERSFIELD				[X] YES [ ] NO	
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 REFERRED NUMBER			
(A) RESPIRATORY FAILURE		MIN		C-0173-01			
(B) WEAKNESS		WKS		109. BIOPSY PERFORMED			
(C) METASTATIC COLON CANCER		MYS		[X] YES [ ] NO			
(D)				110. AUTOPSY PERFORMED			
				[ ] YES [X] NO			
				111. USED IN DETERMINING CAUSE			
				[ ] YES [ ] NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
ANEMIA							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112 IF YES, LIST TYPE OF OPERATION AND DATE.							
ANTERIOR RESECTION / PARTIAL OMENTECTOMY 9/08/99							
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 M/M/D/CYY DECEDENT LAST SEEN ALIVE M/M/D/CYY		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE M/M/D/CYY	
10/01/99 11-08-2000		[Signature]		AC 63229		1/29/01	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. MANNER OF DEATH					
Maria Garcia MD 2615 H St., Bakersfield, CA 93301		[ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED					
120. INJURY AT WORK		121. INJURY DATE M/M/D/CYY		122. HOUR		123. PLACE OF INJURY	
[ ] YES [ ] NO							
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			
				[Signature]			
127. DATE M/M/D/CYY				128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
				[Signature]			
STATE REGISTRAR		A		B		C	
91147							
FAX AUTH. #		CENSUS TRACT					
9945439							

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF KERN } SS

DATE ISSUED

JAN 30 2001

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION OF THE DEPARTMENT OF PUBLIC HEALTH SERVICES.

[Signature]  
B.A. JINADU, MD, MPH  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

