

RECORDED AT THE REQUEST OF
CHICAGO TITLE COMPANY

Recorded in Official Records, Orange County
Hugh Nguyen, Clerk-Recorder



13.00

* \$ R 0 0 1 4 5 6 1 3 2 3 \$ *

2023000226879 1:59 pm 09/18/23

371 NC-5 A09 3

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RECORDING REQUESTED BY:
Chicago Title

AND WHEN RECORDED MAIL TO:

Susan A. Walls
2045 Monaco Court
El Cajon, CA 92019

Title Order No.: 58602303497
Escrow No.: 010560-HC

SPACE ABOVE THIS LINE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

State of California)
County of Orange) ss

Susan A. Walls, /Successor Trustee
of legal age, being first duly sworn, deposes and says:

1. That Barbara Jean Walls, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Barbara J. Walls named as the Trustee in that certain Declaration of Trust dated February 12, 1992 executed by Darrell G. Walls and Barbara J. Walls as Trustor(s).

2. At the time of the demise of the decedent, the decedent was the record owner, as Trustee, of real property commonly known as 31101 Via El Rosario, San Juan Capistrano, CA 92675, which property is described in a Deed executed by Barbara Walls, as Grantor(s) recorded on November 14, 2011, as Instrument No. 2011000575819 in book, NA NIA Page, of Official Records in the office of the County Recorder of Orange County. Said property is shown on Exhibit "A" attached hereto.

3. I am the named successor Trustee under the above referenced Trust, which was in effect at the time of the death of the decedent mentioned in paragraph 1 above, and which has not been revoked and I hereby consent to act as such.

4. There is no Federal Estate Tax due as a result of the death of said decedent. Exempt from fee per GC 27388.1(a) (2); recorded concurrently in connection with a transfer subject to the imposition of documentary transfer tax

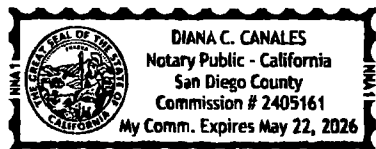
Signature Susan A. Walls, TTE Dated 8.29.23
Susan A. Walls, Successor Trustee

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.

STATE OF CALIFORNIA)
COUNTY OF San Diego) ss

Subscribed and sworn to (or affirmed) before me on this 29 day of August,
20 23, by Susan A. walls,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature [Signature] (Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3202337014057

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER						
1 NAME OF DECEDENT - FIRST (Last)	2 MIDDLE	3 LAST (Family)						
BARBARA	JEAN	WALLS						
AKA, ALSO KNOWN AS - include full AKA (FIRST MIDDLE LAST)		4 DATE OF BIRTH mm/dd/yyyy	5 AGE Yrs	6 F UNDER 24 YEARS	7 F UNDER 24 HOURS	8 SEX		
		05/16/1922	101			F		
9 BIRTH STATE/FOREIGN COUNTRY	10 SOCIAL SECURITY NUMBER	11 EVER IN U.S. ARMED FORCES?	12 MARITAL STATUS (SRDP or Time of Cert)	7 DATE OF DEATH mm/dd/yyyy	8 HOUR (24 Hours)			
CA	548-20-8925	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	WIDOWED	07/26/2023	0456			
13 EDUCATION - Highest Level/Degree (see worksheet on back)	14 WAS DECEDENT HISPANIC/LATINO/SPANISH? (see worksheet on back)	15 DECEDENT'S RACE - Up to 3 races may be stated (see worksheet on back)		16 DECEDENT'S RACE - Up to 3 races may be stated (see worksheet on back)				
BACHELOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO		WHITE				
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.)		19 YEARS IN OCCUPATION					
HOMEMAKER	OWN HOME		77					
20 DECEDENT'S RESIDENCE (Street and number or local or)								
2045 MONACO COURT								
21 CITY	22 COUNTY/PROVINCE	23 ZIP CODE	24 YEARS IN COUNTY	25 STATE/FOREIGN COUNTRY				
EL CAJON	SAN DIEGO	92019	73	CA				
26 INFORMANT'S NAME, RELATIONSHIP		27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town and zip)						
SUSAN WALLS, DAUGHTER		2045 MONACO COURT, EL CAJON, CA 92106						
28 NAME OF SURVIVING SPOUSE/SRDP - FIRST		28 MIDDLE	30 LAST (BIRTH NAME)					
31 NAME OF FATHER/PARENT - FIRST		32 MIDDLE	33 LAST		34 BIRTH STATE			
CLEMENS			IRVING		IL			
35 NAME OF MOTHER/PARENT - FIRST		36 MIDDLE	37 LAST (BIRTH NAME)		38 BIRTH STATE			
MURIEL			KUTZ		CA			
39 DISPOSITION DATE mm/dd/yyyy		40 PLACE OF FINAL DISPOSITION						
08/03/2023		FORT ROSECRANS NATIONAL CEMETERY 1700 CABRILLO MEMORIAL DRIVE, SAN DIEGO, CA 92106						
41 TYPE OF DISPOSITION(S)		42 SIGNATURE OF EMBALMER		43 LICENSE NUMBER				
CREMATE/BURIAL		▶ NOT EMBALMED						
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER	46 SIGNATURE OF LOCAL REGISTRAR		47 DATE mm/dd/yyyy			
SMART CREMATION		FD2008	▶ WILMA WOOTEN MD		08/02/2023			
101 PLACE OF DEATH		102 IF HOSPITAL SPECIFY ONE		103 IF OTHER THAN HOSPITAL SPECIFY ONE				
LA VIDA REAL		<input type="checkbox"/> P <input type="checkbox"/> JUCP <input type="checkbox"/> DCA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other				
104 COUNTY		106 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or local or)		108 CITY				
SAN DIEGO		11588 VIA RANCHO SAN DIEGO		EL CAJON				
107 CAUSE OF DEATH		109 DEATH REPORTED TO CORONER?						
IMMEDIATE CAUSE (If the disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
(A) CARDIOPULMONARY ARREST		Time Interval Between Onset and Death						
(B) CEREBRAL ATHEROSCLEROSIS		(AT) MINS						
(C) _____		(BT) MOS						
(D) _____		(CT) _____						
(E) _____		(DT) _____						
110 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		111 USED IN DETERMINING CAUSE?						
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
112 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		113A CEGED-IT PRICED-IT IN LAST YEAR?						
NO		<input type="checkbox"/> YES <input checked="" 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		115 SIGNATURE AND TITLE OF CERTIFIER		116 LICENSE NUMBER				
		▶ KAISHAUNA LASHAE GUIDRY, MD		A155393				
117 TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP CODE		118 DATE mm/dd/yyyy						
07/18/2023 07/26/2023		07/26/2023						
119 I CERTIFY THAT MY OPINION OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		120 INJURED AT WORK?						
MAY-VER O DCA H <input type="checkbox"/> Yes/No <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Other <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK						
121 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122 INJURY DATE mm/dd/yyyy						
123 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		122 HOUR (24 Hours)						
124 LOCATION OF INJURY (Street and number, or local, and city and zip)		126 SIGNATURE OF CORONER / DEPUTY CORONER						
125 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER						
		WILMA I. WOOTEN, M.D., M.P.H. REGISTRAR OF VITAL RECORDS County of San Diego						
STATE REGISTRAR		A	B	C	D	E	FAX AUTH.#	CENSUS TRACT

County of San Diego - Health & Human Services Agency - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

Wilma I. Wooten, M.D.

DATE ISSUED: 8/7/2023 WILMA I. WOOTEN, M.D., M.P.H.
REGISTRAR OF VITAL RECORDS
County of San Diego



A004288764

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 649-181-31

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE CITY OF SAN JUAN CAPISTRANO, COUNTY OF ORANGE, STATE OF CALIFORNIA AND IS DESCRIBED AS FOLLOWS:

LOT 30 OF TRACT NO. 7274, IN THE CITY OF SAN JUAN CAPISTRANO, COUNTY OF ORANGE, STATE OF CALIFORNIA, AS SHOWN ON A MAP RECORDED IN BOOK 289, PAGE 7, 8, 9 AND 10 OF MISCELLANEOUS MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY.