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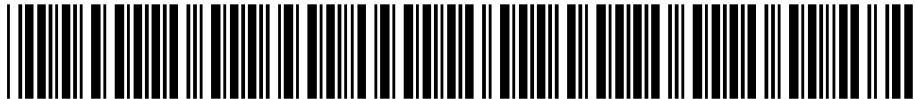


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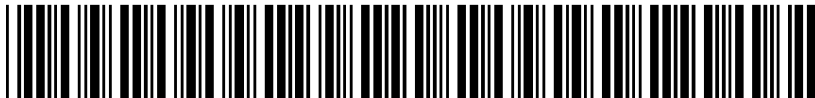
Recorded/Filed in Official Records
Recorder's Office, Los Angeles County,
California

08/05/22 AT 08:00AM

FEES:	29.00
TAXES:	0.00
OTHER:	0.00
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PAID:	29.00



LEADSHEET



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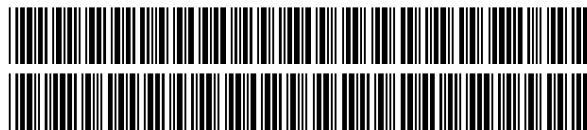
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SEQ:
01

SECURE - 8:00AM



THIS FORM IS NOT TO BE DUPLICATED

7102210463

RECORDING REQUESTED BY
Chicago Title Company

AND WHEN RECORDED MAIL DOCUMENT TO:

NAME James Jacobs

STREET ADDRESS
3300 Brandon Street

CITY, STATE &
ZIP CODE
Pasadena, CA 91107

SPACE ABOVE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF TRUSTEE

Title of Document

Pursuant to Assembly Bill 1466 – Restrictive Covenant (GC Code Section 27388.2), effective January 1, 2022, a fee of two dollars (\$2) for recording the first page of every instrument, paper, or notice required or permitted by law to be recorded per each single transaction per parcel of real property, except those expressly exempted from payment of recording fees, as authorized by each county's board of supervisors and in accordance with applicable constitutional requirements.

Pursuant to Senate Bill 2 – Building Homes and Jobs Act (GC Code Section 27388.1), effective January 1, 2018, a fee of seventy-five dollars (\$75.00) shall be paid at the time of recording of every real estate instrument, paper, or notice required or permitted by law to be recorded, except those expressly exempted from payment of recording fees, per each single transaction per parcel of real property. The fee imposed by this section shall not exceed two hundred twenty-five dollars (\$225.00).

- Exempt from fee per GC 27388.1(a)(2) and 27388.2 (b); recorded in connection with a transfer subject to the imposition of documentary transfer tax (DTT).
- Exempt from fee per GC 27388.1(a)(2) and 27388.2 (b); recorded in connection with a transfer of real property that is a residential dwelling to an owner-occupier.
- Exempt from fee per GC 27388.1 (a) (1); fee cap of \$225.00 reached.
- Exempt from the fee per GC 27388.1 (a) (1); not related to real property.

THIS COVER SHEET ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION
(\$3.00 Additional Recording Fee Applies)

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(\$3.00 Additional Recording Fee Applies)

RECORDING REQUESTED BY:

Chicago Title Company

Escrow Order No.: 7102210463

When Recorded Mail Document To:

James Jacobs
3300 BRANDON STREET
Pasadena, CA 91107

APN/Parcel ID(s): 5754-011-012

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT OF DEATH OF TRUSTEE

James Jacobs, of legal age, being first duly sworn, deposes and says:

1. That George J.W. Jacobs, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as George J.W. Jacobs, named as a Trustee in that certain Declaration of Trust dated April 30, 1988, executed by George J.W. Jacobs, as Trustor(s).
2. At the time of the demise of decedent, the decedent was the record owner, as Surviving Trustee, of real property commonly known as 3300 BRANDON STREET, Pasadena, CA 91107, (Assessor's Parcel No. 5754-011-012) which property is described in a Trust Transfer Deed which was signed by George J.W. Jacobs and Hetty N. Jacobs, husband and wife, as Grantor(s) on April 30, 1988, and recorded as Instrument No. 88-627039 on May 6, 1988, of Official Records of Los Angeles County, State of California.
3. The legal description of the property is as follows:

For APN/Parcel ID(s): 5754-011-012

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE CITY OF PASADENA, COUNTY OF LOS ANGELES, STATE OF CALIFORNIA AND IS DESCRIBED AS FOLLOWS:

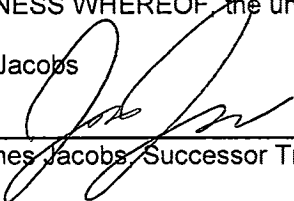
LOT 62 OF TRACT NO. 6249, IN THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA, AS PER MAP RECORDED IN BOOK 66, PAGE 35 OF MAPS, IN THE OFFICE OF THE RECORDER OF SAID COUNTY.

4. I James Jacobs, am the Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the decedent.
5. I certify that the Trust instrument has not been revoked and is in full force and effect.
6. There is no federal estate tax due as a result of the death of decedent.

Dated: 8/1/22

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

James Jacobs

BY: 
James Jacobs, Successor Trustee

James Jacobs

AFFIDAVIT OF DEATH OF TRUSTEE

(continued)

APN/Parcel ID(s): 5754-011-012

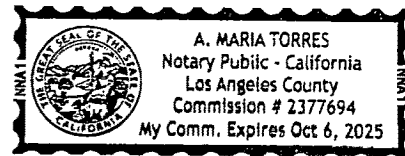
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 15th day of August, 2022, by James Jacobs, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Handwritten Signature]
Signature



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

3052011024476

CERTIFICATE OF DEATH

3201119005616

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 5/08)				LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) GEORGE		2 MIDDLE J. W.		3 LAST (Family) JACOBS			
AKA ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/yyyy 03/18/1929		5 AGE Yrs 81		6 SEX M	
9 BIRTH STATE/FOREIGN COUNTRY INDONESIA		10 SOCIAL SECURITY NUMBER 558-54-5282		11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS/SDP* (at time of death) WIDOWED	
13 EDUCATION - highest level/degree (see worksheet on back) BACHELOR		14/15 WAS DECEDENT HISPANIC/LATINO/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) INDONESIAN		7 DATE OF DEATH mm/dd/yyyy 02/04/2011	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ELECTRICAL ENGINEER		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ELECTRONICS		19 YEARS IN OCCUPATION 50		8 HOUR (24 Hours) 1805	
20 DECEDENT'S RESIDENCE (Street and number, or location) 3300 EAST BRANDON STREET		21 CITY PASADENA		22 COUNTY/PROVINCE LOS ANGELES		23 ZIP CODE 91107	
24 YEARS IN COUNTY 51		25 STATE/FOREIGN COUNTRY CALIFORNIA		26 INFORMANT'S NAME, RELATIONSHIP JAMES JACOBS, SON		27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3300 E. BRANDON ST., PASADENA, CA 91107	
28 NAME OF SURVIVING SPOUSE/SDP* - FIRST -		29 MIDDLE -		30 LAST (BIRTH NAME) -			
31 NAME OF FATHER/PARENT - FIRST JULIUS		32 MIDDLE -		33 LAST JACOBS		34 BIRTH STATE INDONESIA	
35 NAME OF MOTHER/PARENT - FIRST JELTSJE		36 MIDDLE -		37 LAST (BIRTH NAME) DE GROOT		38 BIRTH STATE INDONESIA	
39 DISPOSITION DATE mm/dd/yyyy 02/10/2011		40 PLACE OF FINAL DISPOSITION RESIDENCE OF JAMES JACOBS 3300 E BRANDON ST., PASADENA, CA 91107		41 TYPE OF DISPOSITION(S) CR/RES		42 SIGNATURE OF EMBALMER ▶ NOT EMBALMED	
43 LICENSE NUMBER -		44 NAME OF FUNERAL ESTABLISHMENT CABOT AND SONS		45 LICENSE NUMBER FD341		46 SIGNATURE OF LOCAL REGISTRAR ▶ JONATHAN FIELDING, MD	
47 DATE mm/dd/yyyy 02/10/2011		48 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> CR/OP <input type="checkbox"/> DCA		49 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other			
101 PLACE OF DEATH OWN RESIDENCE		102 COUNTY LOS ANGELES		103 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3300 BRANDON STREET		104 CITY PASADENA (RURAL)	
105 CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) A → CARDIOVASCULAR FAILURE		106 DEATH REPORTED TO CORONER? AT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		107 BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		108 AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
108 CEREbroVASCULAR DISEASE		109 USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input type="checkbox"/> NO		110 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 END STAGE HEART DISEASE, DEBILITY		111 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? If yes, list type of operation and date. NO	
112 IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		113 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED Decedent Alleged Since: Decedent Last Seen Alive: (A) mm/dd/yyyy (B) mm/dd/yyyy		114 SIGNATURE AND TITLE OF CERTIFIER ▶ STEVEN A FLOUM M D		115 LICENSE NUMBER A71104	
116 TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS ZIP CODE STEVEN A FLOUM M D		117 DATE mm/dd/yyyy 02/09/2011		118 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"/> Nature <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Poisoning <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		119 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120 INJURY DATE mm/dd/yyyy		121 HOUR (24 Hours)		122 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
124 LOCATION OF INJURY (Street and number, or location, and city, and zip)		125 SIGNATURE OF CORONER / DEPUTY CORONER		126 DATE mm/dd/yyyy		127 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#		GENBUS 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

APR 02 2012



* 0 0 1 5 9 9 3 4 2 *

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk. PBNCO (REV) 07/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE