

RECORDING REQUESTED BY:

Chicago Title Company

710 230 8316

AND WHEN RECORDED MAIL TO:

Susan Teresa St. Clair, et al.

766 Kendall Drive

Laguna Beach, CA 92651

This document was electronically submitted to the County of Riverside for recording
Received by: MARIA VICTORIA #411

THIS SPACE FOR RECORDER'S USE ONLY:

Escrow No.: 220-43565-KC

Affidavit Death of Trustee

(Please fill in document title(s) on this line)

Effective January 1, 2018 and pursuant to Senate Bill 2 - Building Homes and Jobs Act (CG Code Section 27388.1), 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 for those expressly exempted from payment of recording fees, per each single transaction per parcel of real property. The fee levied by this section shall not exceed two hundred twenty-five dollars (\$225.00).

- Exempt from fee per GC27388.1 (a) (2); recorded concurrently "in connection with" a transfer subject to the imposition of documentary transfer tax (DTT).
- Exempt from fee per GC27388.1 (a) (2); recorded concurrently "in connection with" a transfer of real property that is a residential dwelling to an owner-occupier.
- Exempt from fee per GC27388.1 (a) (1); fee cap of \$225.00 reached.
- Exempt from fee per GC27388.1 (a) (1); not related to real property.

Failure to include an exemption reason will result in the imposition of the \$75.00 Building Homes and Jobs Act fee. Fees collected are deposited to the State and may not be available for refund.

Recording Requested By
Chicago Title Company

**When Recorded Mail to
And Mail Tax Statements To**
Susan Teresa St. Clair, Linda Cunningham, and Mary
Cunningham, Successor Co-Trustees of The James J.
Cunningham Revocable Living Trust dated April 5,
2003
766 Kendall Drive
Laguna Beach, CA 92651

Escrow Number: 220-43565-KC

Title Number: 7102308316

APN: 644-085-002 & TRA: 014-074

SPACE ABOVE IS RESERVED FOR RECORDER'S USE

Property: 0 Deodar Avenue- Lot 2 (Vacant Lot - APN: 644-085-002), Desert Hot Springs, CA 92260

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } S.S.

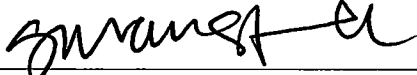
Susan Teresa St. Clair, of legal age, being first duly sworn, deposes and says:

- 1. That James Joseph Cunningham, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James Cunningham named as Trustee in that certain Declaration of Trust dated April 5, 2003 and executed by James Cunningham as Trustor(s).
- 2. At the time of the decedent's death, decedent was the record owner, as Trustee, of that certain real property commonly known as 0 Deodar Avenue- Lot 2 (Vacant Lot - APN: 644-085-002), Desert Hot Springs, CA 92260, which property is described in that certain Deed dated December 14, 2012 and executed by James J. Cunningham, a Widower, which Deed was recorded on May 8, 2015 as Instrument Number 2015-0193154 of the Official Records of Riverside County, State of California.
- 3. The said property is described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
- 4. I am the named Successor Trustee under the above-referenced Declaration of Trust, which was in effect at the time of the death of the Decedent mentioned above in Paragraph 1, and which has not yet been revoked, and I hereby consent to act as such.
- 5. There are no federal estate taxes due as the result of death of the decedent mentioned above in Paragraph 1.

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

Witness my hand and official seal this 11th day of September, 2023.

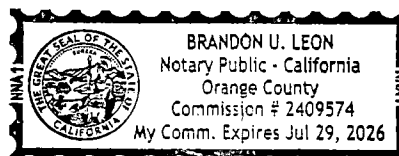

Susan Teresa St. Clair, Successor Co-Trustee

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 Orange

Subscribed and sworn to (or affirmed) before me this 09/11, 2023, by
Susan Teresa St. Clair, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.


Signature (seal)



Affidavit of Death of Trustee

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 644-085-002

Lot 2 of Tract No. 3073, in the City of Desert Hot Springs, County of Riverside, State of California, as shown by map on file in Book 53 of Maps, Pages 1, 2 and 3, records of Riverside County, California.

Excepting therefrom a 1/4 interest in all oil, gas and minerals, in or under said land, as excepted by Desert Hot Springs Highlands, a Limited Partnership, in the Grant Deed recorded October 4, 1967, as instrument no. 87316, Official Records.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

3052019200775

CERTIFICATE OF DEATH

3201930015867

| | | | | | | | |
|---|--|--|--|--|---|--|---|
| STATE FILE NUMBER | | STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITE OUTS OR ALTERATIONS VS-1 (REV. 5/08) | | | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) JAMES | | 2. MIDDLE JOSEPH | | 3. LAST (Family) CUNNINGHAM | | | |
| AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) | | 4. DATE OF BIRTH mm/dd/yyyy 02/21/1924 | | 5. AGE Yrs. 95 | F UNDER ONE YEAR Months | F UNDER 24 HOURS Hours | 6. SEX M |
| 6. BIRTH STATE/FOREIGN COUNTRY KS | | 10. SOCIAL SECURITY NUMBER 513-16-4877 | 11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | 12. MARITAL STATUS/SDOP* (at Time of Death) WIDOWED | | 7. DATE OF DEATH mm/dd/yyyy 09/28/2019 | 8. HOUR (24 Hours) 0910 |
| 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) CAUCASIAN | | | |
| 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.) UNITED STATES AIR FORCE | | | 19. YEARS IN OCCUPATION 41 | | |
| 20. DECEDENT'S RESIDENCE (Street and number, or location) 766 KENDALL DRIVE | | | | | | | |
| 21. CITY LAGUNA BEACH | | 22. COUNTY/PROVINCE ORANGE | | 23. ZIP CODE 92651 | 24. YEARS IN COUNTY 51 | 25. STATE/FOREIGN COUNTRY CA | |
| 26. INFORMANT'S NAME, RELATIONSHIP SUSAN ST. CLAIR, DAUGHTER | | | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 766 KENDALL DRIVE, LAGUNA BEACH, CA 92651 | | | |
| 28. NAME OF SURVIVING SPOUSE/SDOP - FIRST | | 29. MIDDLE | | 30. LAST (BIRTH NAME) | | | |
| 31. NAME OF FATHER/PARENT - FIRST HUBERT | | 32. MIDDLE JAMES | | 33. LAST CUNNINGHAM | | 34. BIRTH STATE KS | |
| 35. NAME OF MOTHER/PARENT - FIRST EVA | | 36. MIDDLE MAE | | 37. LAST (BIRTH NAME) ROSS | | 38. BIRTH STATE AR | |
| 39. DISPOSITION DATE mm/dd/yyyy 10/08/2019 | | 40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BOULEVARD, RIVERSIDE, CA 92518 | | | | | |
| 41. TYPE OF DISPOSITION(S) BU | | 42. SIGNATURE OF EMBALMER NOT EMBALMED | | | | 43. LICENSE NUMBER | |
| 44. NAME OF FUNERAL ESTABLISHMENT PACIFIC VIEW MORTUARY | | 45. LICENSE NUMBER FD1176 | 46. SIGNATURE OF LOCAL REGISTRAR NICHOLE QUICK, MD | | | 47. DATE mm/dd/yyyy 10/07/2019 | |
| 101. PLACE OF DEATH RESIDENCE/HOSPICE | | 102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> EN/OP <input type="checkbox"/> DCA | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other | | | |
| 104. COUNTY ORANGE | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 31742 ISLE ROYAL | | | 106. CITY LAGUNA NIGUEL | | |
| 107. CAUSE OF DEATH Enter the chain of events - disease(s), injury(s), 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) CARDIAC ARREST | | Time Interval Between Onset and Death (AT) MINS | | 108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER | | | |
| 107. CAUSE OF DEATH (Cont.) (B) WASTING SYNDROME | | Time Interval Between Onset and Death (BT) DAYS | | 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| 107. CAUSE OF DEATH (Cont.) (C) SENILE DEMENTIA | | Time Interval Between Onset and Death (CT) 4YRS | | 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| 107. CAUSE OF DEATH (Cont.) (D) INJURY THAT INITIATED THE EVENTS RESULTING IN DEATH LAST | | Time Interval Between Onset and Death (DT) | | 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 UROSEPSIS-TREATED, PERIPHERAL NEUROPATHY | | | | | | | |
| 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: 05/15/2000 Decedent Last Seen Alive: 09/28/2019 | | 115. SIGNATURE AND TITLE OF CERTIFIER LARRY SNYDER, M.D. | | 116. LICENSE NUMBER C40002 | 117. DATE mm/dd/yyyy 09/30/2019 | | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE LARRY SNYDER M.D. 34052 LA PLAZA, SUITE 101, DANA POINT, CA 92629 |
| 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 | |

| | | | | | | | | |
|-----------------|---|---|---|---|---|---|------------|--------------|
| STATE REGISTRAR | A | B | C | D | E | TO BE FILLED IN BY THE COUNTY HEALTH CARE AGENCY *010001004325344* | FAX AUTH.# | CENSUS TRACT |
|-----------------|---|---|---|---|---|---|------------|--------------|

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF ORANGE } SS

DATE ISSUED: **October 22, 2019**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Nichole Quick, MD
Eric S. Handler, H.O.
 ERIC G. HANDLER, M.D.
 HEALTH OFFICER
 ORANGE COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE