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RECORDED AT THE REQUEST OF
CHICAGO TITLE COMPANY

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

/Successor Trustee

Susan A. Walls, 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. 2011000575818 in book ^{N/A} Page, ^{N/A} 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Trust, which was in effect at the time of the death of the decedent mentioned in paragraph 1 above, and which has not been revoked and I hereby consent to act as such.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

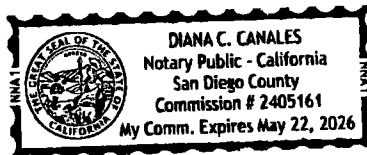
Signature Susan A. Walls, TTE Dated 8-29-23
Susan A. Walls, Successor Trustee

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		STATE OF CALIFORNIA USE BLACK INK ONLY. DO NOT SIGN, WRITE, INITIALS OR ALTERATIONS VS 11 (REV 3/16)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Over)		2. MIDDLE		3. LAST (Family)	
BARBARA		JEAN		WALLS	
AKA ALSO KNOWN AS - Include In AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs. Mths. Ds.	
		05/16/1922		101	
6. BIRTH STATE/FOREIGN CO./NTY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		548-20-8925		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (See worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (1=yes, see worksheet on back)		16. DECEDENT'S RACE - Tip in 3 races may be stated (see worksheet on back)	
BACHELOR <input type="checkbox"/> YES		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		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 location)					
2045 MONACO COURT					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
EL CAJON		SAN DIEGO		92019	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
73		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or name, route number, city or town, state and zip)		
SUSAN WALLS, DAUGHTER			2045 MONACO COURT, EL CAJON, CA 92106		
28. NAME OF SURVIVING SPOUSE/SPOP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
-		-		-	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
CLEMENS		-		IRVING	
34. BIRTH STATE		36. NAME OF MOTHER/PARENT - FIRST		37. LAST (BIRTH NAME)	
IL		MURIEL		KUTZ	
38. BIRTH STATE				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	
SMART CREMATION		FD2008		▶ WILMA WOOTEN MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
08/02/2023		[Signature]			
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"/> ROP <input type="checkbox"/> DCA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
SAN DIEGO		11588 VIA RANCHO SAN DIEGO		EL CAJON	
107. CAUSE OF DEATH		108. TIME		109. BIOPSY PERFORMED?	
Enter if a chain of events - disease, injury, complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest. DO NOT include irradiation without showing the activity. DO NOT ABBREVIATE.		The Interval Between Death and Death		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST		MINS		110. AUTOPSY PERFORMED?	
IF no. of disease or condition resulting in death				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) CEREBRAL ATHEROSCLEROSIS		MOS		111. USED IN DETERMINING CAUSE?	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (a disease or injury that initiated the events resulting in death) LAST				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C)					
(D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (1=yes, list type of operation and date)		114. DECEDENT PRESENT AT LAST SIGHT?	
NONE		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	
Decedent Attended Since: Decedent Last Seen Alive		▶ KAISHAUNA LASHAE GUIDRY, MD		A155393	
(A) mm/dd/yyyy (B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
07/18/2023 07/26/2023		KAISHAUNA LASHAE GUIDRY, MD 9655 GRANITE RIDGE DRIVE STE 300, SAN DIEGO, CA 92123		08/02/2023	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
NATURAL DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Fending self/struggle <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
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		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 J. Wooten, M.D.

DATE ISSUED: 8/7/2023 WILMA J. 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.