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**20220792816**



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

08/05/22 AT 08:00AM

FEES:	37.00
TAXES:	0.00
OTHER:	0.00
SB2:	75.00
PAID:	<u>112.00</u>



LEADSHEET



202208050210057

00022632200



013588324

SEQ:  
01

SECURE - 8:00AM



THIS FORM IS NOT TO BE DUPLICATED

73722005961

Recording Requested By:  
Chartwell Escrow, Inc.

CHICAGO TITLE COMPANY - SD

When Recorded Mail to  
And Mail Tax Statements To

Maria Ortiz, Trustee of The Jose M. Ortiz Irrevocable Trust  
created under the Jose M. Ortiz and Maria Ortiz Trust Agreement  
dated December 4, 2008  
7803 Stylus Drive  
San Diego, CA 92108

Escrow Number: CWOP-JB-1379

Title Number: 73722005961

APN: 7265-006-052

SPACE ABOVE IS RESERVED FOR RECORDER'S USE

Property: 1140 East Ocean Boulevard, Unit No. 207, Long Beach, CA 90802

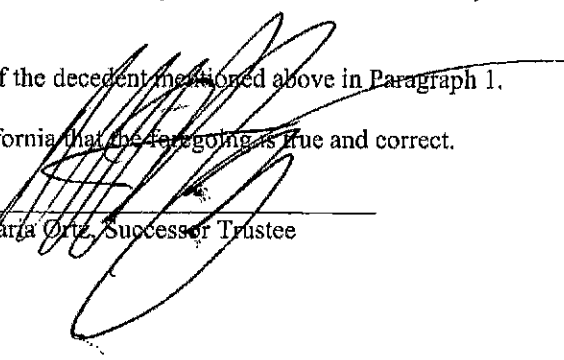
AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA }  
COUNTY OF SAN DIEGO } S.S.

Maria Ortiz, of legal age, being first duly sworn, deposes and says:

1. That Jose M. Ortiz, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jose M. Ortiz, named as Trustee in that certain Declaration of Trust dated December 4, 2008 and executed by Jose M. Ortiz and Maria Ortiz, as Trustor(s).
2. At the time of the decedent's death, decedent was the record owners, as Trustee, of that certain real property commonly known as 1140 East Ocean Boulevard, Unit No. 207, Long Beach, CA 90802, which property is described in that certain Deed dated December 4, 2008 and executed by Jose M. Ortiz and Maria Ortiz, husband and wife, as community property with right of survivorship to Jose M. Ortiz and Maria Ortiz, Trustees of The Jose M. Ortiz and Maria Ortiz Trust Agreement, dated December 4, 2008, which Deed was recorded on February 26, 2009 as Instrument Number 20090272350 in Book ---on Page --- of the Official Records of Los Angeles 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.

By:   
\_\_\_\_\_  
Maria Ortiz, Successor Trustee



# TRUE COPY CERTIFICATION

(Government Code 27361.7)

San Diego

Place of Execution


I certify under penalty of perjury that this material is a true copy of the original material contained in this document.

Decedent mentioned above in Paragraph 1.

California that the foregoing is true and correct.

Maria Ortiz, Successor Trustee

07 / 27 / 2022  
Date



Signature of Declarant

Sonja D. Banks

Type or Print Name

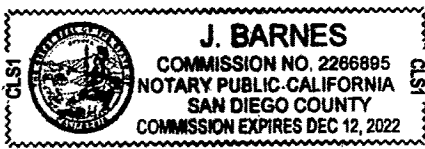
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA  
COUNTY OF SAN DIEGO

Subscribed and sworn to (or affirmed) before me this 27<sup>th</sup> day of July, 2022, by Maria Ortiz, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

  
Signature

(SEAL)



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): 7265-006-052**

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A CONDOMINIUM COMPRISED OF:

PARCEL 1:

AN UNDIVIDED 32,750/4,282,050.00 INTEREST IN LOT 130 OF TRACT 25297 IN THE CITY OF LONG BEACH, COUNTY OF LOS ANGELES, STATE OF CALIFORNIA, AS PER MAP RECORDED IN BOOK 825, PAGES 5 TO 10, INCLUSIVE OF MAPS IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY.

EXCEPT FROM THE EAST 65 FEET OF SAID LOT 130 AN UNDIVIDED ONE-HALF INTEREST IN AND TO ALL OF THE OIL, GAS AND OTHER MINERALS IN AND UNDER AND THAT MAY BE PRODUCED FROM SAID LAND, BUT WITHOUT RIGHT OF SURFACE ENTRY OR THE RIGHT TO OCCUPY THE SURFACE OF THE LAND TO A DEPTH OF 500 FEET BELOW THE SURFACE, AS RESERVED BY JOHATHAN O. BOOTH ET. AL, IN DEED RECORDED DECEMBER 21, 1961 IN BOOK D-1457, PAGE 65, OFFICIAL RECORDS, AND AMENDMENTS THERETO RECORDED SEPTEMBER 15, 1971 IN BOOK R-3742, PAGES 464 TO 468 INCLUSIVE, OFFICIAL RECORDS.

ALSO EXCEPT FROM THE EAST 65 FEET OF SAID LOT 130 ALL OIL, GAS AND OTHER MINERALS IN AND UNDER AND THAT MAY BE PRODUCED FROM THE NORTHERLY 260 FEET OF THE AGGREGATE OF THE FOLLOWING DESCRIBED LAND, TO WIT: THE EAST 10 FEET OF LOT 3 AND ALL OF LOT 4, BUT WITHOUT RIGHT OF SURFACE ENTRY, AS RESERVED BY J. W. WOOD AND DORIS O. WOOD IN DEED RECORDED NOVEMBER 15, 1963 IN BOOK D-2256, PAGE 880, OFFICIAL RECORDS.

ALSO EXCEPT FROM THE WEST 155 FEET OF SAID LOT 130 ALL MINERALS AS GRANTED TO LAWRENCE JULIAN OLSON BY DEED RECORDED OCTOBER 11, 1961 IN BOOK M-872, PAGE 458, OFFICIAL RECORDS. THE RIGHT OF ENTRY ONTO THE SURFACE AND THE TOP 500 FEET OF SAID LAND WAS QUITCLAIMED BY DEED FROM LAWRENCE JULIAN OLSON AND PATRICIA JANE OLSON, RECORDED OCTOBER 29, 1962 IN BOOK D-1805, PAGE 285, OFFICIAL RECORDS.

EXCEPTING THEREFROM AN EASEMENT FOR PARKING PURPOSES OVER THAT PORTION SHOWN AS PARKING SPACES 1 TO 129 INCLUSIVE ON THE MAP OF SAID TRACT.

(B) UNIT 41 AS SHOWN AND DEFINED ON THE MAP OF SAID TRACT 25297.

PARCEL 2:

AN EASEMENT FOR PARKING PURPOSES OVER PARKING SPACE NO. 128 AS SHOWN ON THE MAP OF SAID TRACT 25297,

THIS QUITCLAIM DEED IS MADE AND ACCEPTED, AND THE REAL PROPERTY ABOVE DESCRIBED IS HEREBY GRANTED, SUBJECT TO THAT CERTAIN DECLARATION OF RESTRICTIONS RECORDED JANUARY 30, 1973 AS INSTRUMENT NO. 3956, OFFICIAL RECORDS, LOS ANGELES COUNTY, CALIFORNIA ("SAID DECLARATION") AND EACH AND ALL OF THE MATTERS SET FORTH THEREIN, THE ARTICLES OF INCORPORATION OF QUEEN'S VIEW OWNERS ASSOCIATION, A CALIFORNIA NONPROFIT CORPORATION AND THE BYLAWS OF QUEEN'S VIEW OWNERS' ASSOCIATION ATTACHED THERETO, SAID DECLARATION, SAID ARTICLES OF INCORPORATION AND SAID BYLAWS, AND EACH THEREOF, BEING MADE A PART HEREOF AND EXPRESSLY IMPOSED UPON THE REAL PROPERTY HEREBY GRANTED BY REFERENCE THERETO WITH THE SAME FORCE AND EFFECT AS THOUGH FULLY SET FORTH

**EXHIBIT "A"**  
Legal Description

AT LENGTH HEREAFTER.

GRANTEES, IN ACCEPTING THIS QUITCLAIM DEED, DO HEREBY COVENANT AND AGREE, JOINTLY AND SEVERALLY, FOR THE BENEFIT OF GRANTOR, FOR THE BENEFIT OF ALL OTHER OWNERS OF CONDOMINIUMS IN THE "PROJECT" (AS THAT TERM IS DEFINED IN SAID DECLARATION) THAT GRANTEES WILL PROMPTLY, FULLY AND FAITHFULLY COMPLY WITH EACH AND ALL OF THE PROVISIONS CONTAINED IN SAID DECLARATION, SAID ARTICLES OF INCORPORATION, AND SAID BYLAWS, AND, WITHOUT LIMITATION, WILL PROMPTLY, FULLY AND FAITHFULLY PAY IN FULL WHEN DUE ALL ASSESSMENTS LEVIED IN ACCORDANCE WITH THE PROVISIONS OF SAID DECLARATION, SAID ARTICLES OF INCORPORATION AND SAID BYLAWS.

THE AGREEMENTS OF GRANTEES HEREIN CONTAINED SHALL BE COVENANTS RUNNING WITH THE REAL PROPERTY GRANTED HEREBY AND SHALL BE BINDING UPON GRANTEES AND THEIR RESPECTIVE SUCCESSORS AND ASSIGNS.

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH**

**CERTIFICATE OF DEATH**

3200919050784

STATE FILE NUMBER		2. MIDDLE		3. LAST (Family)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) <b>JOSE</b>		<b>M.</b>		<b>ORTIZ</b>			
4. DATE OF BIRTH mm/dd/yyyy <b>11/28/1929</b>		5. AGE Yrs. <b>80</b>		6. SEX <b>M</b>			
8. BIRTH STATE/FOREIGN COUNTRY <b>PI</b>		10. SOCIAL SECURITY NUMBER <b>263-54-1428</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) <b>MARRIED</b>	
13. EDUCATION — Highest Level/Degree (see worksheet on back) <b>MASTER'S</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see notes on back) <input checked="" type="checkbox"/> YES <b>SPANISH</b>		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) <b>FILIPINO</b>		7. DATE OF DEATH mm/dd/yyyy <b>12/15/2009</b>	
17. USUAL OCCUPATION — Type of work for most of life, DO NOT USE RETIRED <b>ARCHITECT</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>NUCLEAR POWER PLANT</b>		19. YEARS IN OCCUPATION <b>50</b>		8. HOUR (24 Hours) <b>1840</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>13608 HAMLIN ST.</b>							
21. CITY <b>VALLEY GLEN</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>		23. ZIP CODE <b>91401</b>		24. YEARS IN COUNTY <b>55</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>MANYA ORTIZ, WIFE</b>					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>13608 HAMLIN ST., VALLEY GLEN, CA 91401</b>							
28. NAME OF SURVIVING SPOUSE — FIRST <b>MANYA</b>		29. MIDDLE		30. LAST (Maiden Name) <b>TERZAKI</b>			
31. NAME OF FATHER — FIRST <b>FRANCISCO</b>		32. MIDDLE		33. LAST <b>ORTIZ</b>		34. BIRTH STATE <b>PI</b>	
35. NAME OF MOTHER — FIRST <b>ANGELES</b>		36. MIDDLE		37. LAST (Maiden) <b>GONZALEZ</b>		38. BIRTH STATE <b>PI</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>12/23/2009</b>		40. PLACE OF FINAL DISPOSITION <b>AT SEA OFF THE COAST OF LOS ANGELES COUNTY</b>					
41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>FUNERARIA DEL ANGEL PRAISWATER</b>		45. LICENSE NUMBER <b>FD549</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>JONATHAN FIELDING, MD</b>		47. DATE mm/dd/yyyy <b>12/21/2009</b>	
101. PLACE OF DEATH <b>VALLEY PRESBYTERIAN HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>15107 VANOWEN ST.</b>		100. CITY <b>VAN NUYS</b>			
107. CAUSE OF DEATH Enter the chain of events — disease, injury, 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. <b>(A) CARDIOPULMONARY ARREST</b> <b>(B) ARTERIOSCLEROTIC CARDIO-VASCULAR HEART DISEASE</b> <b>(C) PARKINSONS DISEASE</b>		Time Interval Between Onset and Death (A) MINS <b>YRS</b> (B) YRS <b>YRS</b> (C) YRS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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 <b>NO</b>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NONE</b>							
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: <b>06/02/2009</b> Decedent Last Seen Alive: <b>12/15/2009</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>SYED OMAR TIRMIZI M.D.</b>		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>SYED OMAR TIRMIZI M.D., 1006 CENTURY PARK EAST #2080, LOS ANGELES, CA 90067</b>		117. LICENSE NUMBER <b>A53175</b>	
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"/> 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		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.)							
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	

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

DATE ISSUED  
**\* HD 2013922 \***

*Jonathan E. Fielding MD*  
 Director of Public Health and Registrar

**DEC 28 2009**

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

