Recording requested by and when recorded mail to:

Paula T. Black, Esq. JOHNSON & BLACK, LLP Attorneys at Law 1007 N. Demaree Street Visalia, CA 93291 (559) 741-1800

Attorneys for CAROLYN W. KEHRLI, Trustee



Book 2024 Page 286

Document 2024 286 Type 06 010 Pages 7 Date 2/05/2024 Time 1:26:35PM Rec Amt \$37.00

Daneen Schindler, RECORDER/REGISTRAR DELAWARE COUNTY IOWA

[THIS SPACE FOR RECORDER'S USE ONLY]

DOCUMENT TITLE: AFFIDAVIT - DEATH OF TRUSTEE

IN RE: KEHRLI FAMILY REVOCABLE TRUST OF MAY 17, 2005

NED F. KEHRLI, Deceased Trustor/Trustee

CAROLYN W. KEHRLI, Surviving Trustor/Trustee

MAIL TAX STATEMENTS TO: Carolyn W. Kehrli, Trustee

1410 Burlwood Court Tulare, CA 93274

Legal Description: APN: 330190000200 (See Exhibit A for full legal)

(Exemption No. 21) Affidavit of Death of Trustee Consideration is five hundred dollars or less.

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION [ADDITIONAL RECORDING FEE APPLIES]

AFFIDAVIT - DEATH OF TRUSTEE

The undersigned, being of legal age, first duly sworn, deposes and says:

- 1. On May 17, 2005, NED F. KEHRLI and CAROLYN W. KEHRLI, as Trustors, entered into a Declaration of Trust pursuant to which was established the KEHRLI FAMILY REVOCABLE TRUST. Pursuant to the terms of said Declaration Trust, NED F. KEHRLI and CAROLYN W. KEHRLI were named as the original Trustees.
- 2. On May 17, 2005, the Trustors transferred real property into the KEHRLI FAMILY REVOCABLE TRUST OF MAY 17, 2005, by Warranty Deed dated June 21, and recorded on June 27, 2005, as Instrument No. 2005-2210, Official Records of Delaware County, Iowa. The legal description of the real property subject to the transfer described above is set forth on Exhibit A attached hereto and made a part hereof.
- 3. On April 12, 2018, the Trustors executed an Amended and Restated Declaration of Trust by which they amended and restated the KEHRLI FAMILY REVOCABLE TRUST OF MAY 17, 2005 in its entirety. Said trust, as amended and restated, is in full force and effect.
- 4. NED F. KEHRLI, also known as NED FRANCIS KEHRLI, died on April 23, 2023, as evidenced by the certified copy of his Certificate of Death which is attached hereto and incorporated herein by reference.

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JOHNSON & BLACK, LLP ATTORNEYS AT LAW VISALIA, CALIFORNIA

-1-

4. The Declaration of Trust provides that upon the death of NED F.

KEHRLI, CAROLYN W. KEHRLI shall serve as sole Trustee of all trusts created pursuant to said Declaration of Trust.

5. CAROLYN W. KEHRLI, as sole Trustee of the subject trust, is recording this Affidavit with the *** County Recorder to establish her sole authority as Trustee pursuant to the terms of the Declaration of Trust, and to enable her to administer and distribute trust real property pursuant to the terms of the Declaration of Trust.

6. Titleholders of the foregoing real property until the death of NED F. KEHRLI were NED F. KEHRLI and CAROLYN W. KEHRLI, as Trustees of the KEHRLI FAMILY REVOCABLE TRUST OF MAY 17, 2005. As a result of the death of NED F. KEHRLI, the titleholder of said real property is CAROLYN W. KEHRLI, as sole Trustee of the KEHRLI FAMILY REVOCABLE TRUST OF MAY 17, 2005.

Dated: January <u>3/</u>, 2024.

CALINAL KEHRII

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)	
)	SS
COUNTY OF THEARE	١.	

Subscribed and sworn to (or affirmed) before me on this 313 day of January, 2024, by CAROLYN W. KEHRLI, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

PEGGY 5. SCOFIELD
Notary Public - California
Tulare County
Commission # 2396933
My Comm. Expires Mar 14, 2026

EXHIBIT A LEGAL DESCRIPTION

An undivided one-half interest in:

The West one-half (W1/2) of the Northwest Quarter (NW1/4) of Section Nineteen (19), Township Eighty-seven North (T87N), Range Five West (R5W) of the 5th P. M., Delaware County, Iowa, except all that part thereof lying Westerly of a line commencing at a point 290.9 feet Easterly of the Northwest Corner of said Northwest Quarter (NW1/4), on the North line thereof; thence S 44° 30 1/2' W 279.2 feet; thence S 02° 44 ½' E 847.3 feet; thence S 02° 04' E 282.6 feet; thence S 00° then 45' W728.6 feet; thence S 02° 06 ½' W 603.3 feet, to a point 114.2 feet Easterly of the Southwest Corner of said Northwest Quarter (NW1/4) on the South line thereof. The West line of the Northwest Quarter (NW1/4) of said Section Nineteen (19) is assumed to bear North and South.

(Exemption No. 21.)

[APN:330190000200; Delaware County, Iowa]

JOHNSON & BLACK, LLP ATTORNEYS AT LAW VISALIA, CALIFORNIA



OFFICE OF VITAL RECORDS

COUNTY OF TULARE

	.3052023089987 CERTIFICATE OF DEATH STATE OF CALIFORNIA STATE FILE NUMBER USE BLACK NX ONLY (AND PRESUMES, WHITEOUTS OR ALTERATIONS		3202354001003		
	1. NAME OF DECEDENT-FIRST (GNan): 2. MIDDLE	E 3: LAST (Family)	LOCAL REGISTRATION NUMBER		
DATA	NED FRAN	NCIS KEHRLI			
ONALI		02/14/1933 90	Months Days Hours Menutes		
S PERS	IA 480-34-8800	X YES NO UNK MARRIED	04/23/2023 - 0600		
EDENT	13. EDUCATION - Highest Level/Degree (ser-worksheet on back) DOCTORATE YES	NSHA In year son workshiped sin back) 16 DEGEDENT'S RACE Up to 3 ra	çeş may be (sted (see worksheet on back)		
DEC	17. USUAL OCCUPATION Type of work for most of life. DO NOT USE RETIRED SUPERINTENDENT	16; KIND OF BUSINESS OF INDUSTRY (e.g., grocery store, road so	nstruction, employment agéncy, etc.) 19, YEARS IN OCCUPATION 42		
	20. DECEDENT'S RESIDENCE (Street and number, or location)	The State State and State			
USUAL	21. CITY 22. COUNTYPROVIN				
OR-	TULARE TULARE	93274 46	CA or runal route numbler, city or town, state jund zip) Ε CΔ 93274		
N IN	CAROLÝŇ WAĽKER KEHRLI, WŰFE 28, NAME OF SURVIVING SPOUSE/SRDP-FIRST 29, MIDDLE 29, MIDDLE	JANUARY (BIRTH) TO A STATE OF THE STATE OF T	The Alle and the control of		
DP AND RMATIC	CAROLYN 31. MAME OF FATHER PARENT-PIRST	WALKER 33.LAST	34, BIRTH STATE		
JSE/SR IT INFO	WILLIAM VINCE	NT KEHRLI	<u>grand</u> IA		
SPO	35. NAME OF MOTHER/PARENT-FIRST	DAVYEN	38. BIATH STATE		
STOR/	39. DISPOSITION DATE mm/dd/cèyy 40. PLACE OF FINAL DISPOSITION TUL 04/28/2023 : 900 E. KERN AVE, TUL	ARE PUBLIC CEMETERY ARE, CA 93274			
L DIRE	41. TYPE OF DISPOSITION(S) CREMATE/BURIAL	42. SIGNATURBOR EMBALMER NOT EMBALMED	43, LICENSE NUMBER:		
LOCAL	44: NAME OF FUNERAL ESTABLISHMENT	**S. LICENSE NUMBER: 46" SIGNATURE DELOCAL REGISTRAR. FD1332 THOMAS OVERTON, N	47. DATE. mm/dd/ccyy 10 04/25/2023		
<u></u>	IN PLACE FEATH TO THE WASTER T	102, IF HOSPITAL, SPECIFY ONE: 1	D3, IF OTHER THAN HOSPITAL SPECIFY ONE		
LACE O	104. COUNTY 105. FACILITY ADDRESS OR LOCATION 1410 BURL WOOD CT	WHERE FOUND (Street and number, or location)	100: CITY TULARE		
	107. CAUSE OF DEATH Enter the chain of eyents - diseases, injuries, of	or complications:—that disjectly caused death, DO NOT enter let minimal events such or formation without showing the eliptopy, DO NOTABBREYARE.	Time Integral Between 108, DEATH REPORTED TO CORONER?		
	IMMEDIATE CAUSE WARESPIRATORY FAILURE Condition resulting		(AT) YES X NO. REFERRAL NAMEER		
	In death) Sequentially, fist Sequentially, fist	AMENDED	(ET) 109. BIOPSY PERFORMED? YRS YES X NO.		
DEATH	leading to cause (C) on Une A: Enter	1 OF 2	(CT) 110, AUTOPSY PERFORMED? YES X NO		
USE OF	CAUSE (disease or injury that initiated the grents (D) resulting in death) LAST		111. USED IN DETERMINING CAUSE?		
	112, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULT HYPERTENSION	TING INTHE UNDERLYING CAUSE GIVEN IN 107			
- :-	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107. GR. 1127 (II.)	es, list type of operation and dato.)	113A- DECEDENT PREGNANT IN LAST YEAR?		
s Z	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED	AND TITLE OF CERTIFIER	YES X NO UNK		
SICIAN	Decedent Attended Since Decedent Last Seen Allow OWEN:	CKIM MD	9 G48257 04/25/2023		
CERT	04/21/2023 04/22/2023 465 W PU	NDING PHYSICIAN SINAME, MAILING ADDRESS, ZIP CODE OWEN JTNAM AVE; PORTERVILLE: CA 93257 ED FROM THE CAUSES STATED. 120, INJURED AT WORKT	C KIM, MD		
	MANNER OF DEATH Natural Accident Hornbride Suicide	Rending. Could not be determined YES NO	UNK		
CORONER'S USE ONLY	.123. PLACE OF INJURY (e.g., home, construction site, wooders area, str.)	which that the man transfer and it			
	124. DESCRIBE HOW INJURY OCCURRED (Events which respiled in highly)				
	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)				
	126, SIGNATURE OF CORONER OPPUTY, CORONER	127, DATE mm/gd/ccyy 28, TYPE NAME, TITLE OF CO			
STA REGIS	TE A BE TO THE DEST		FAX AUTH.		
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STATE OF CALIFORNIA, COUNTY OF TULARE

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, COUNTY OF TULARE HEALTH AND HUMAN SERVICE AGENCY.



DATE ISSUED JUNE 28 2023





OFFICE OF VITAL RECORDS

COUNTY OF TULARE

TULARE, CALIFORNIA

3052023089987 STATE FILE NUMBER

AS IT APPEAR

AEFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3202354001003 LOCAL REGISTRATION NUMBER

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

INFORMATION TO LOCATE RECORD

141	NED NED	The state of the s	The state of the s	16, LAST		etake Bedana Sendana Sendana Sendana Sendana Sendana Sendana
DN RS	M 04/23/202	ENT—MM/DD/CCYY	4 CITY OF EVENT		5. COUNTY OF EVENT	100 A
H	6. FULL NAME OF FATHER/PARENT AS	STATED ON ORIGINAL RECORD		F MOTHER/PARENT AS S	10 10 10 10 10 10 10 10 10 10 10 10 10 1	27 - 191 - 1

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD.

	8. ITEM NUMBER TO BE	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR	The state of the s
 	37	DAWENS ASSESSED AND APPEARAGE.	DALEN	100 100 100
E	The state of the s		The state of the s	AND

11 TO CORRECT MOTHER'S MAIDEN NAME

REASON FOR CORRECTION

IRTH: DEATH

DEATH RECORD

We, the undersigned, hereby certify under penalty of perjury, that we have personal knowledge of the above facts and that the information given above is true and correct

AFFIDAVITS AND SIGNATURES 12A. SIGNATURE OF FIRST PERSON 12C TITLE/RELATIONSHIP TO PERSON IN PART I REBECCA L BURGESS

REBECCA L BURGESS FUNERAL HOME STAFF LEVEL 12E, DATE SIGNED-MM/DD/CCYY

12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) TWO PERSONS 1154 W SHAW AVE, FRESNO, CA 93711 MUST SIGN HIS FORM TO 13A. SIGNATURE OF SECOND PERSON

WILLIAM R JONES

05/03/2023 13B PRINTED NAME 13C. TITLE/RELATIONSHIP TO PERSON IN PART I WILLIAM R JONES

OR FETAL 13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 1154 W SHAW AVE, FRESNO, CA 93711 FUNERAL HOME STAFF LEVEL 13E DATE SIGNED-MM/DD/CGY

05/04/2023

14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE/LOCAL CDPH-VR

05/03/2023 15. DATE ACCEPTED FOR REGISTRATION

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24e (REV: 1/08)

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF TULARE

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, COUNTY OF JULIARE HEALTH AND HUMAN SERVICE AGENCY.



0 0 0 4 4 0 7 8 5 *

DATE ISSUED

JUNE 28 2023

Thomas Overton, M.D., Tulare County Deputy Health Office Registrar of Vital Statistics

This copy is not valid unless prepared on an engraved border, displaying date, seal and signature of the County Health Officer.

