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20140245024



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

03/11/14 AT 08:00AM

Pages:
0002

FEES:	22.00
TAXES:	0.00
OTHER:	0.00
<hr/>	
PAID:	22.00



LEADSHEET



201403110250003

00008943491



006074627

SEQ:
03

DAR - Title Company (Hard Copy)



THIS FORM IS NOT TO BE DUPLICATED

▲ T97 ▲

E400077

03/11/2014



20140245024

RECORDING REQUESTED BY:**AND WHEN RECORDED MAIL TO
AND MAIL TAX STATEMENTS TO:**

Ms. Erma Ruth Sherwood
 6514 Alcove Avenue
 North Hollywood, CA 91606

THIS SPACE FOR RECORDER'S USE ONLY:**GRANT DEED**

**THE UNDERSIGNED GRANTOR(S) DECLARE(S)
 DOCUMENTARY TRANSFER TAX is \$NONE**

"THIS CONVEYANCE TRANSFERS AN INTEREST INTO OR OUT OF A LIVING TRUST, R & T 11930."

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Erma Ruth Sherwood, a Widow

hereby GRANT(s) to:

Erma Ruth Sherwood, Trustee of the Erma Ruth Sherwood Living Trust dated February 26, 2014

the real property in the City of Los Angeles, County of Los Angeles, State of California, described as:
 Lot 283 of Tract No. 13915, in the City of Los Angeles, County of Los Angeles, State of California, as per map recorded in Book 288 pages 32 through 39 Inclusive of Maps, in the Office of the County Recorder of said County.

Also Known as: 6514 Alcove Avenue, North Hollywood, CA 91606
 AP#: 2325-029-019

DATED February 23, 2014

STATE OF CALIFORNIA

COUNTY OF Los Angeles

On February 24, 2014

Before me, KEVIN GIBSON

a Notary Public in and for said State personally appeared

ERMA RUTH SHERWOOD

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

(This area for official notarial seal)
 MAIL TAX STATEMENTS TO PARTY SHOWN BELOW; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE:



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20140245025



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

03/11/14 AT 08:00AM

Pages:
0003

FEES:	41.00
TAXES:	0.00
OTHER:	0.00
<hr/>	
PAID:	41.00

PCOR SURCHARGE \$20.00



LEADSHEET



201403110250003

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SEQ:
04

DAR - Title Company (Hard Copy)



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E400477

03/11/2014



20140245025

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Ms. Erma Ruth Sherwood
 6514 Alcove Avenue
 North Hollywood, CA 91606

THIS SPACE FOR RECORDER'S USE ONLY:

AFFIDAVIT - DEATH OF JOINT TENANT

Erma Ruth Sherwood, of legal age, being first duly sworn, deposes and says:

That Everett Earl Sherwood, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Everett Earl Sherwood named as one of the parties in that certain Grant Deed dated September 9, 1947, executed by Kaiser Community Homes

To Everett E. Sherwood and Erma Ruth Sherwood, Husband and Wife as Joint Tenants

As joint tenants, recorded as Instrument No.695, on September 19, 1947, in book 25168, Page 314, of Official Records of Los Angeles County, California, covering the following described real property in the said County, State of California:

Lot 283 of Tract No. 13915, in the City of Los Angeles, County of Los Angeles, State of California, as per map recorded in Book 288 pages 32 through 39 Inclusive of Maps, in the Office of the County Recorder of said County.

Also Known as: 6514 Alcove Avenue, North Hollywood, CA 91606
 A.P. # 2325-029-019

DATED February 23, 2014
 STATE OF CALIFORNIA
 COUNTY OF Los Angeles

Erma Ruth Sherwood

Erma Ruth Sherwood

Subscribed and sworn to (or affirmed) before me on this day 26
of FEBRUARY 2014
 by ERMA RUTH SHERWOOD
 proved to me on the basis of satisfactory evidence to be the
 person(s) who appeared before me.



Signature

(This area for official notarial seal)

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

3

STATE FILE NUMBER		CERTIFICATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST, MIDDLE EVERETT		2. MIDDLE EARL		3. LAST (FAMILY) SHERWOOD	
AKA ALSO KNOWN AS — include all AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH (month/day/year) 08/30/1915		5. AGE IN yrs. 87	
6. BIRTH STATE/FOREIGN COUNTRY SD		7. PLACE OF DEATH (month/day/year) MARRIED		8. SEX M	
8. EDUCATION (highest degree) SOME COLLEGE		9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		10. MARITAL STATUS (as of Death) MARRIED	
11. EMPLOYMENT (highest position) PROPELLION DEVELOPMENT ENGINEER		12. DECEASED'S PLACE — Up to 3 places may be listed (see worksheet on back) WHITE		13. DATE OF DEATH (month/day/year) 03/19/2003	
14. DECEASED'S OCCUPATION PROPELLION DEVELOPMENT ENGINEER		15. TYPE OF BUSINESS OR INDUSTRY (e.g., grocery store, retail distribution, employment agency, etc.) AEROSPACE		16. YEARS IN OCCUPATION 27	
17. DECEASED'S RESIDENCE, CITY AND NUMBER OF ACCIDENT		18. LOCAL RESIDENCE 6514 ALCOVE AVE		19. STATE/FOREIGN COUNTRY CA	
20. LOCAL RESIDENCE N HOLLYWOOD		21. ZIP CODE 91606		22. STATE/FOREIGN COUNTRY CA	
23. INFORMANT'S NAME /RELATIONSHIP ERMA SHERWOOD, SPOUSE		24. INFORMANT'S NAME/RELATIONSHIP ERMA SHERWOOD, SPOUSE		25. INFORMANT'S NAME/RELATIONSHIP ERMA SHERWOOD, SPOUSE	
26. NAME OF SURVIVING SPOUSE — FIRST RUTH		27. LAST (FAMILY) LEE		28. BIRTH STATE SD	
29. NAME OF FATHER — FIRST WILLIAM		30. MIDDLE —		31. LAST (FAMILY) SHERWOOD	
32. NAME OF MOTHER — FIRST MINNIE		33. MIDDLE —		34. BIRTH STATE SD	
35. DEPOSITION DATE (month/year) 03/25/2003		36. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK 6300 FOREST LAWN DRIVE LOS ANGELES CA 90068		37. LICENSE NUMBER 9755	
38. TYPE OF DEPOSITION: BU		39. SIGNATURE OF DEPOSITOR Michael Stock		40. LICENSE NUMBER 9755	
41. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN HOLLYWOOD HILLS		42. SIGNATURE OF DIRECTOR FD904		43. SIGNATURE OF DIRECTOR John W. Weller	
44. LICENSE NUMBER FD904		45. SIGNATURE OF DIRECTOR John W. Weller		46. DATE OF DEATH 03/24/2003	
47. PLACE OF DEATH RESIDENCE		48. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> ERNO <input type="checkbox"/> RDA <input type="checkbox"/> Trauma <input type="checkbox"/> Nursing <input type="checkbox"/> Emergency <input type="checkbox"/> Other		49. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> ERNO <input type="checkbox"/> RDA <input type="checkbox"/> Trauma <input type="checkbox"/> Nursing <input type="checkbox"/> Emergency <input type="checkbox"/> Other	
50. COUNTY LOS ANGELES		51. ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 6514 ALCOVE AVE		52. CITY N HOLLYWOOD	
53. CAUSE OF DEATH Initial cause of death → RESPIRATORY FAILURE		54. TIME OF DEATH Time death occurred and date HOURS		55. DEATH REPORTED TO POLICE Yes <input type="checkbox"/> No <input type="checkbox"/> Reported to police	
56. ACCIDENTAL Injury to self or another Unintended injury to self or another injury to self or another resulting in death LAST		57. TIME OF DEATH Years		58. DEATH PERIOD Yes <input type="checkbox"/> No <input type="checkbox"/>	
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 57 CEREBRAL THROMBOSIS		60. AUTOPSY PERFORMED Yes <input type="checkbox"/> No <input type="checkbox"/>		61. LABS IN DETERMINING CAUSE Yes <input type="checkbox"/> No <input type="checkbox"/>	
62. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 57 OR 121 (if yes, list type of operation and date) NO		63. HABITUAL PRACTICE PERIOD NO		64. DATE OF DEATH 03/24/2003	
65. CERTIFY THAT TO THE BEST OF HIS KNOWLEDGE AT THE PLACE, DATE, AND PLACE STATED FROM THE CAUSES STATED Occurred Attributed to Decedent Last Seen Alive		66. SIGNATURE AND TITLE OF CERTIFIER DEAN C. LOGAN		67. LICENSE NUMBER G33568	
68. INJURY 04/20/1992 03/19/2003 LAWRENCE SCHNEIDER M.D. 13652 CANTARA ST. PANAMA CITY, CA		69. DATE OF INJURY 91402		70. DATE OF DEATH 03/24/2003	
71. CERTIFY THAT THE PERSON NAMED IN THIS FORM DIED ON THE DATE AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH Anesthetized <input type="checkbox"/> Asphyxiated <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Drowning <input type="checkbox"/> Hanging <input type="checkbox"/> Strangulation <input type="checkbox"/> Coal gas or fumes <input type="checkbox"/> Gunshot <input type="checkbox"/> Blunt force <input type="checkbox"/> Sharp instrument <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Aircraft accident <input type="checkbox"/> Boat accident <input type="checkbox"/> Drown <input type="checkbox"/> Link		72. INJURY AT POINT DEATH No <input type="checkbox"/> Yes <input type="checkbox"/> Link		73. INJURY DATE (month/year) 122. HOUR (24 hours) Link	
74. PLACE OF INJURY (e.g., home, workplace, auto, medical office, etc.)		75. INJURY AT POINT DEATH No <input type="checkbox"/> Yes <input type="checkbox"/> Link		76. INJURY DATE (month/year) 123. HOUR (24 hours) Link	
77. DESCRIPTION HOW INJURY OCCURRED (if none, which resulted in injury)		78. LOCATION OF INJURY (Street and number, or location and city and zip)		79. SIGNATURE OF DOCTOR/DEPUTY DOCTOR	
80. DATE OF INJURY 03/19/2003		81. DATE OF DEATH 03/24/2003		82. CONCESSION TRACT 273/5864	
83. STATE REGISTRAR		84. A B C D E		85. FAX NUMBER 273/5864	
86. THIS COPY NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING THE SEAL AND SIGNATURE OF THE REGISTRAR-RECORDER/COUNTY CLERK PRIMO (REV 07/11)					
87. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE					

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

FEB 26 2014

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE


