





0130962

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4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: January 10, 2008

**DECLARANT:**

Orvene S. Carpenter  
Orvene S. Carpenter

STATE OF CALIFORNIA )  
COUNTY OF Ventura )

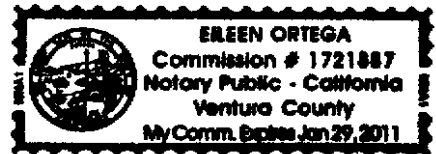
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County and State, this 23<sup>rd</sup> day of January, 2008 by Orvene S. Carpenter, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Eileen Ortega

My Commission Expires: 1-29-11

Notary Name: Eileen Ortega  
Notary Registration Number: 1721887



Notary Phone: 805-981-2049

County of Principal Place of Business Ventura



# County of Ventura

800 SOUTH VICTORIA AVENUE  
 VENTURA, CALIFORNIA 93009

STATE FILE NUMBER		CERTIFICATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (LAST)		2. MIDDLE		3. LAST NAME	
JAMES		WAKEFIELD		GIBBONS	
4. DATE OF BIRTH—MM-DD-CCYY		5. AGE YRS		6. SEX	
12/27/1922		74		MALE	
7. DATE OF DEATH—MM-DD-CCYY		8. HOUR		9. TIME	
03/24/1997		1045			
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
CA				MARRIED	
13. RACE		14. HISPANIC—ETHNICITY		15. USUAL EMPLOYER	
CAUCASIAN		NO		U.S. POSTAL SERVICE	
16. OCCUPATION		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION	
POSTMASTER		U.S. GOVERNMENT		16	
19. RESIDENCE—STREET AND NUMBER OR LOCATION					
1511 S. VENTURA RD.					
21. CITY		22. COUNTY		23. ZIP CODE	
OXNARD		VENTURA		93033	
24. STATE OF BIRTH		25. YEARS IN COUNTY		26. STATE OF FOREIGN BIRTH	
CA		50		CA	
27. NAME RELATIONSHIP					
IRENE L. GIBBONS—WIFE					
28. NAME OF SUSTAINING SPOUSE—FIRST					
IRENE					
29. MIDDLE		30. LAST		31. STATE	
L.		ALFORD		CA	
32. NAME OF FATHER—FIRST		33. MIDDLE		34. LAST	
R.		L.		GIBBONS	
35. STATE		36. MIDDLE		37. LAST	
CA		JONES		TX	
38. DATE OF DEATH—MM-DD-CCYY					
03/25/1997					
39. PLACE OF FINAL DEPOSITION					
177 LANN MEMORIAL PARK, VENTURA, CA 93003					
40. TYPE OF DEPOSITION		41. SIGNATURE OF EMBALMER		42. LICENSE NO.	
CRE/BU		NOT EMBALMED			
43. NAME OF FUNERAL DIRECTOR		44. LICENSE NO.		45. SIGNATURE OF LOCAL REGISTRAR	
PAYTON MORTUARY		F-397		03/25/1997	
46. PLACE OF DEATH		47. RESIDENTIAL SPECIAL USE		48. COUNTY	
MAYWOOD HEALTHCARE		NO		VENTURA	
49. STREET ADDRESS—STREET AND NUMBER OR LOCATION					
2641 S. "C" STREET					
50. CITY					
OXNARD					
51. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C AND D)					
IMMEDIATE CAUSE		52. DURATION		53. DEATH REPORTED TO BUREAU	
PNEUMONIA		3 DAYS		YES	
54. DUE TO (A)		55. MONTHS		56. DEATH REPORTED TO BUREAU	
SEVERE DEBILITATION AND WEIGHT LOSS		MONTHS		YES	
57. DUE TO (B)		58. YEARS		59. DEATH REPORTED TO BUREAU	
CHRONIC OBSTRUCTIVE LUNG DISEASE		YEARS		YES	
60. DUE TO (C)		61. YEARS		62. DEATH REPORTED TO BUREAU	
				YES	
63. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
DIABETES, HYPERTENSION					
64. HAS OPERATION PERFORMED FOR ANY CONDITION ON ITEM 107 OR 108? IF YES, LIST TYPE OF OPERATION AND DATE					
NO					
65. I CERTIFY THAT IN THE DEATH OF MY DECEASED DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED NECESSARY ATTACHED SINCE I OCCURRED LAST DEATH DATE		66. SIGNATURE AND TITLE OF CERTIFIER		67. DATE MM-DD-CCYY	
03/20/1997		03/20/1997		03/25/1997	
68. I CERTIFY THAT IN MY DECEASED DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		69. I CERTIFY THAT IN MY DECEASED DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		70. I CERTIFY THAT IN MY DECEASED DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED	
03/20/1997		03/20/1997		03/20/1997	
71. NUMBER OF DEATH		72. INJURY AT WORK (S)		73. INJURY AT WORK (S)	
1		NO		NO	
74. NATURAL		75. SUICIDE		76. HOMICIDE	
NATURAL		SUICIDE		HOMICIDE	
77. OCCIDENTAL		78. INVESTIGATION		79. INVESTIGATION	
OCCIDENTAL		INVESTIGATION		INVESTIGATION	
80. LOCATION—STREET AND NUMBER OR LOCATION AND CITY					
1511 S. VENTURA RD., OXNARD, CA 93033					
81. SIGNATURE OF CORONER OR DEPUTY CORONER		82. DATE MM-DD-CCYY		83. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR					



STATE OF CALIFORNIA  
 COUNTY OF VENTURA

CERTIFIED COPY OF VITAL RECORDS  
 SS. DATE ISSUED JUL 11 2003

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This is a true and exact reproduction of the document officially registered and placed on file with the VENTURA COUNTY RECORDER.

*Philip J. Schmit*  
 PHILIP J. SCHMIT  
 COUNTY RECORDER



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