

Recording requested by and  
when recorded mail to:

ERIC HENRY JOHNSEN  
6512 Seville Road  
Isla Vista, CA 93117

DOC# 2020-0068021

11/20/2020  
10:34 AM

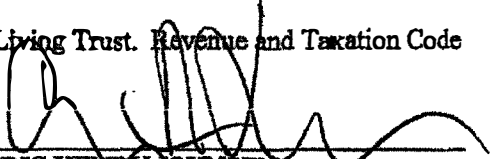
Titles: 1 Pages: 2

Fees	\$27.00
Taxes	\$0.00
CA SB2 Fee	\$76.00
Total	\$102.00

**QUITCLAIM DEED**

This conveyance transfers an interest into or out of a Living Trust. Revenue and Taxation Code Section 11930.

The Documentary Transfer Tax is \$-0-.

  
ERIC HENRY JOHNSEN

ERIC HENRY JOHNSEN, who took title as ERIC H. JOHNSEN, hereby remises, releases and quitclaims to ERIC HENRY JOHNSEN as trustee of the JOHNSEN TRUST dated April 28, 2020, all of his right, title and interest in and to the real property in County of Santa Barbara, State of California, described as follows:

The Westerly 66.66 feet of the Easterly 233.33 feet of Lot 3 in Block "H" of Ocean Terrace Tract, in the County of Santa Barbara, State of California, as per Map recorded in Book 15, Pages 101, 102 and 103 of Maps, records of Santa Barbara County, California.

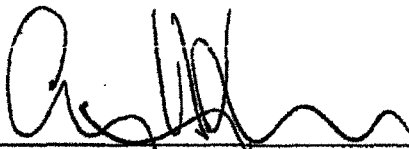
EXCEPTING THEREFROM 1/2 of all crude oil, petroleum, gas, brea, asphaltum and all kindred substances and other minerals under and in said land, as reserved by J.P. Beguhl, a widower, in Deed recorded March 26, 1954, in Book 1227, Page 288 of Official Records, without, however, the right to enter upon or disturb the surface of said portion of Lot 3, which rights were relinquished by J.P. Beguhl, by Deed dated April 19, 1956, and recorded May 16, 1956 in Book 1379, Page 44 of Official Records.

More commonly known as 3701-A Portofino Way, Santa Barbara, CA.

ASSESSOR'S PARCEL NUMBER

075-171-15

Dated April 28, 2020

  
ERIC HENRY JOHNSEN

MAIL TAX STATEMENTS TO PERSON(S) REQUESTING RECORDING AS SHOWN ABOVE

WTO5.5.SINGLE 030311 ELB20-JOHNSEN

ACKNOWLEDGMENT

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.

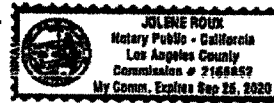
State of California )  
 ) s.s.  
County of Los Angeles )

On 4/28/2020, before me, JOLENE ROUX, a Notary Public, personally appeared ERIC HENRY JOHNSEN, 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.

Jolene Roux  
Notary Public



# COUNTY OF LOS ANGELES

## REGISTRAR-RECORDER/COUNTY CLERK

3052020254756

### CERTIFICATE OF DEATH

3202019060183

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY (NO ERASERS, WHITEOUTS OR ALTERNATES VS-1 (REV. 3/03))				LOCAL REGISTRATION NUMBER							
1 NAME OF DECEDENT - FIRST (Given) <b>ERIC</b>		2 MIDDLE <b>HENRY</b>		3 LAST (Family) <b>JOHNSEN</b>		4 DATE OF BIRTH mm/dd/yyyy <b>01/22/1949</b>		5 AGE Yrs <b>71</b>		6 SEX <b>M</b>			
AKA ALSO KNOWN AS - Include full AKA (FIRST MIDDLE LAST)										7 UNDER ONE YEAR Months Days		8 UNDER 24 HOURS Hours Minutes	
3 BIRTH STATE/FOREIGN COUNTRY <b>NJ</b>		10 SOCIAL SECURITY NUMBER <b>143-40-3950</b>		11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS/ORDP (at time of Death) <b>NEVER MARRIED</b>		7 DATE OF DEATH mm/dd/yyyy <b>11/05/2020</b>		8 HOUR (24 Hours) <b>0500</b>			
13 EDUCATION - Highest Level/degree (per worksheet on back) <b>HS GRADUATE</b>				14 YES WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				15 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>					
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>CONTRACTOR</b>				18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real construction, employment agency, etc.) <b>GENERAL CONSTRUCTION</b>				19 YEARS IN OCCUPATION <b>40</b>					
20 DECEDENT'S RESIDENCE (Street and number, or location) <b>20540 VENTURA BLVD APT 310</b>													
21 CITY <b>WOODLAND HILLS</b>		22 COUNTY/PROVINCE <b>LOS ANGELES</b>		23 ZIP CODE <b>91364</b>		24 YEARS IN COUNTY <b>30</b>		25 STATE/FOREIGN COUNTRY <b>CA</b>					
26 INFORMANT'S NAME, RELATIONSHIP <b>RYAN JOHNSEN, SON</b>				27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and ZIP) <b>20540 VENTURA BLVD APT 310, WOODLAND HILLS, CA 91364</b>									
28 NAME OF SURVIVING SPOUSE/SDOP - FIRST				29 MIDDLE		30 LAST (BIRTH NAME)							
31 NAME OF FATHER/PARENT - FIRST				32 MIDDLE		33 LAST							
34 BIRTH STATE				35 MIDDLE		36 LAST (BIRTH NAME)							
37 BIRTH STATE				38 MIDDLE		39 LAST (BIRTH NAME)							
40 PLACE OF FINAL DISPOSITION <b>RES LUCY M BERNAL 211 VANDERBILT LN # B, REDONDO BEACH, CA 90278</b>				41 TYPE OF DISPOSITION(S) <b>CR/RES</b>				42 SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>					
43 LICENSE NUMBER				44 NAME OF FUNERAL ESTABLISHMENT <b>SOCAL CREMATIONS</b>				45 LICENSE NUMBER					
46 SIGNATURE OF LOCAL REGISTRAR <b>FD2100</b>				47 DATE mm/dd/yyyy <b>11/12/2020</b>				48 SIGNATURE OF LOCAL REGISTRAR <b>MUNTU DAVIS, M.D.</b>					
101 PLACE OF DEATH <b>WEST HILLS HOSPITAL &amp; MEDICAL CENTER</b>													
102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other													
103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other													
104 COUNTY <b>LOS ANGELES</b>		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>7300 MEDICAL CENTER DR</b>						106 CITY <b>WEST HILLS</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 vascular isolation without showing the etiology. DO NOT ABBREVIATE.													
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) PROSTATE CANCER</b>										108 DEATH REPORTED TO CORONER (If not reported, specify where) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Sequentially list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST <b>(B) MOS</b>										109 BICOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
110 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>										111 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date) <b>NO</b>										113 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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: Decedent Last Seen Alive: <b>11/02/2020 11/05/2020</b>													
115 SIGNATURE AND TITLE OF CERTIFIER <b>ROBERT KEVIN HANSON M.D.</b>				116 LICENSE NUMBER <b>G62711</b>				117 DATE mm/dd/yyyy <b>11/06/2020</b>					
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>ROBERT KEVIN HANSON M.D.</b>													
119 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"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Poisoning <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK													
120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK													
121 INJURY DATE mm/dd/yyyy													
122 HOUR (24 Hours)													
122 PLACE OF INJURY (e.g., home, construction site, street, 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	010001004718360	FAX AUTH.	CENSUS TRACT
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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

SEP 15 2025

2000001928129

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

