DATE: August 14, 2026

TO: City of Santa Monica
City Planning Division – Intake Review
1685 Main Street, Room 212
Santa Monica, CA 90401
Submitted via: 311@santamonica.gov / Virtual Intake Portal

SUBJECT: NOTICE OF INTENT TO FILE AND HOUSING CRISIS ACT PRELIMINARY APPLICATION (SB 330)
Project Site Address: 1517 15th Street, Santa Monica, CA 90404
Assessor's Parcel Number (APN): 4282-035-019
Base Zoning District: R2 (Two-Family Residential)

Dear Planning Division Intake Coordinator,

Pursuant to California Government Code Section 65941.1 (the Housing Crisis Act of 2019 / SB 330), the Applicant listed below is formally submitting this Preliminary Application package for a qualifying multi-family residential housing development. The submittal of this completed document, accompanying local forms, and illustrative schematic plans officially establishes the Applicant's submittal date and freezes the local ordinances, policies, and standards applicable to this project under state vesting laws.

Because the local City of Santa Monica SB 330 Preliminary Application form relies on broader, open-ended question categories, this cover letter is attached to explicitly detail the seventeen (17) statutory disclosures required under state law, ensuring complete administrative compliance.

I. PROJECT PARTICIPANT IDENTIFICATION

- **Applicant / Project Developer:** Bruce Adler
- **Developer Address:** 5210 Fiore Ter 401, San Diego, CA 92122
- **Developer Contact:** 858-205-3655 | bruce@bruceadler.com
- **Property Owner of Record:** The Percy A. and Elsie M. LeDuff Trust
- **Property Owner Address:** PO Box 45995, Los Angeles, CA 90045
- **Co-Successor Trustee #1:** Sheila LeDuff Higbie
    - **Contact:** 310-261-5914 | shelleduff@aol.com
- **Co-Successor Trustee #2**: Deborah Francis
    - **Contact:** 310-261-1694 | deb4lrd@msn.com

II. STATUTORY DISCLOSURES PURSUANT TO GOVERNMENT CODE SECTION 65941.1

1. **Project Location:** 1517 15th Street, Santa Monica, CA 90404 (APN: 4282-035-019).

2. **Existing Uses & Structures:** The subject property is currently improved with one (1) single-family residential home. There are no commercial, retail, or industrial uses active on the site.

3. **Existing Residential Unit Occupancy Status (Gov. Code § 65941.1(a)(15)):** The existing single-family residential unit on-site is **unoccupied**. The structure contains zero (0) active tenants and zero (0) owner-occupants. No tenant displacement or immediate right-of-return relocation mandates are active.

4. **Proposed Project Description:** The Applicant proposes the demolition of the existing single-family home and the construction of a new, 12-story, 100% residential development containing **32 multi-family housing units,** 6 units reserved for affordable housing, and a total gross square footage of 67,200 SF. The architectural profile features a 1-story structural podium base supporting an 11-story mass timber tower above (engineered via Type IV-A or Type IV-B parameters). The development contains zero (0) square feet of commercial or retail spaces.

5. **Proposed Residential Mix & Tiers (Gov. Code § 65941.1(a)(6)):** The development will provide a total of 32 units, of which twenty-six (26) will be designated as Market Rate. Pursuant to State Density Bonus Law (Gov. Code § 65195), six (6) units are set aside as dedicated deed-restricted affordable housing configured under the following economic allocations:

- One (1) unit dedicated to **Very Low Income (VLI)** Households.
- Two (2) units dedicated to **Low Income (LI)** Households.
- Three (3) units dedicated to **Moderate Income (MI)** Households.

6. **Proposed Building Dimensions:**

- **Building Footprint:** 40 feet x 140 feet (5,600 Square Feet).
- **Total Project Gross Floor Area:** 67,200 Square Feet.
- **Proposed Height/Stories:** 12 total structural stories above the grade plane (approximately 138 feet in height based on an 11.5-foot floor-to-floor alignment, excluding standard code-exempt elevator overrun and roof mechanic penthouses under IBC § 1511.2).

7. **Zoning Concessions, Incentives, and Waivers Requested:** Due to the physical parameters of building a 12-story residential mass timber structure within an R2 base zone, the project will utilize State Density Bonus regulations to bypass restrictive local controls. A formal, exhaustive checklist of requested Incentives and Waivers of

Development Standards (including but not limited to modifications for building height, allowable story limitations, Floor Area Ratio (FAR), and building setbacks) is currently being drafted and will be provided as an attached exhibit during formal site plan review.

8. **Bicycle and Vehicle Parking Allocations:** Pursuant to California Senate Bill 79, the project is located within a transit-priority zone and opts to provide zero (0) state-mandated vehicle parking minimums. The design intends to feature approximately 4 to 8 optional physical vehicle spaces accessed exclusively via the rear alleyway. Baseline bicycle parking will be integrated to satisfy local parameters, subject to any requested Density Bonus development waivers utilized to optimize the ground floor core.

9. **Site Environmental & Infrastructure Conditions:**

- **Easements:** No public utility or structural easements are known to actively cross or split the building footprint. All property line clearings are reflected on the attached schematic site drawings.

- **Lien and Litigation Status:** There are zero (0) active liens, code enforcement violations, open zoning investigations, or outstanding litigation matters filed against the parcel or ownership group.

10. **Tree and Landscape Alterations:** Construction execution will require the removal of four (2) private domestic landscape trees (one backyard lemon tree, one backyard fig tree) and two (2) large ornamental Juniper shrubs. No protected native tree species are present on the private parcel lines. A mature city street tree (*Magnolia grandiflora*) is located in the front public sidewalk parkway. Because the proposed project features a zero front-yard setback, the upper building envelope and framing may interface with the street tree's canopy extending past the property boundary. The Applicant will coordinate directly with the Public Landscape Division under SMMC § 7.40.110 to evaluate architectural clearance, trimming boundaries, or potential urban forest replacement protocols.

11. **Estimated Construction Valuation:** The preliminary construction valuation for the 67,200 square foot residential mass timber development is estimated at **$36,100,000**.

III. SUBMITTAL PACKAGING & CONCLUSION

Accompanying this comprehensive letter, the Applicant has attached the signed City of Santa Monica City Planning Division Form along with preliminary 11" x 17" digital schematic site diagrams and building elevations showing the layout, overall dimensions, massing, and height parameters required for initial intake processing.

Please review these materials and issue the administrative invoice for the SB 330 Preliminary Application filing fee to the Applicant's email address above. If any minor items are deemed insufficient, please notify the Applicant immediately in writing citing the specific statutory codes, as required under the Permit Streamlining Act.

Thank you for your time and assistance in processing this housing development proposal.

Sincerely,

X _____ Date: 8/15/26

Bruce Adler, Applicant & Project Developer

PROPERTY OWNER AUTHORIZATION & ACKNOWLEDGMENT

The undersigned hereby certify that they are the duly appointed Co-Successor Trustees of the owner of record, possess the legal authority to execute real estate and development disclosures for the subject property, and authorize the submission of this Preliminary Application.

X Sheila LeDuff Higbie Date: 8-15-2026

Sheila LeDuff Higbie, Co-Successor Trustee

X Deborah Francis Date: 8/15/2026

Deborah Francis, Co-Successor Trustee

ENT No.: _____

CITY OF SANTA MONICA – CITY PLANNING DIVISION

SB 330 Preliminary Application Form

26ENT-0187

Applications are submitted online through a virtual appointment system.
If you have questions about completing this application, please email City Planning at 311@santamonica.gov.

GENERAL INFORMATION

Site Address: 1517 15th St, Santa Monica, CA

Project Description:

Demolition of the existing single-family home and the construction of a new, 12-story, 100% residential development containing 32 multi-family housing units. The architectural profile features a 1-story structural podium base supporting an 11-story mass timber tower above (engineered via Type IV-A or Type IV-B parameters).

By applying for a permit, I understand and agree that contact information, including but not limited to, email addresses and telephone numbers, will become part of a disclosable public record pursuant to the California Public Records Act and that the City may elect not to redact contact information contained in this application prior to disclosing a copy of this application to the public. I further agree that I do not object to the City's disclosure of contact information contained in this application in response to public records requests.

APPLICANT *(Note: All correspondences will be sent to the contact person)*

Name: Bruce Adler Organization Name: _____

Address: 5210 Fiore Ter 401 City/State: San Diego Zip: 92122

Phone: (858) 205-3655 Email: bruce@bruceadler.com

CONTACT PERSON *(If different from applicant)*

Name: _____ Organization Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____

Relation to Applicant: _____

PROPERTY OWNER

Name: Sheila LeDuff Higbie and Deborah Francis Organization Name: The Percy A. and Elsie M. LeDuff Trust

Address: See SB330 Attachment A City/State: See SB330 Attachment A Zip: _____

Phone: See SB330 Attachment A Email: See SB330 Attachment A

I hereby certify that I am the owner of the subject property and that I have reviewed the subject application and authorize the applicant or applicant's representative (contact person) to make decisions that may affect my property as it pertains to this application.

See Letter Of Authorization
Property Owner's Name (PRINT)

See Letter Of Authorization
Property Owner's Signature / Date

PROJECT INFORMATION

PROJECT INFORMATION

(All requested information MUST be provided. Applications containing incomplete information will not be accepted.)

Total Floor Area (SF): 67,200

No. of Stories / Height: 12 / 138.0 ft

Commercial Floor Area (SF): 0

Parcel Area: 7500 SF

Residential Floor Area (SF): 67,200

No. of Parking Spaces: Res: 4 Com: 0

Floor Area Ratio (FAR): 8.96

No. of "Protected Units" per SB 330 / 8: 6

Parcel number(s): 4282-035-019

Legal description (attach as needed):

~~Lot U in Block 184 of Santa Monica Tract, as per map recorded in Book 39 Page 45 of Miscellaneous Records, in the office of the County Recorder of said County.~~

Existing use(s) on the project site: 1 single-family residential home

Proposed land uses: Multi-family housing

Existing Residential Use Details:

	Existing	Maintained	Removed	Proposed
# Studios	0			0
# 1 Bedrooms	0			9
# 2 Bedrooms	0			23
# 3 Bedrooms	1			0

Affordable Housing Production Program Acknowledgement

In accordance with SMMC 9.64, all multi-unit projects involving the construction of two or more market rate units shall comply with the affordable housing obligations as set forth in SMMC 9.64.040. From the options listed below, please indicate how the Project will comply with the provisions of SMMC 9.64.040 (check all that apply):

- [x] On-Site Option (SMMC 9.64.050)
- [ ] Affordable Housing Fee (SMMC 9.64.070)
- [ ] Off-Site Option (SMMC 9.64.060)
- [ ] Land Acquisition (SMMC 9.64.080)

Please list any bonus units, incentives, concessions, waivers, or parking reductions requested pursuant to Section 65915. (Use additional sheets as necessary)

1. See attached Exhibit: SB330 Attachment B for the full list of requested Waivers and Incentives of Development Standards.
2.
3.
4.
5.

PROJECT INFORMATION

PROJECT INFORMATION (CONTINUED)

On-site affordable units and affordability level

	Very Low	Low	Moderate	Total
# Studios				
# 1 Bedrooms	1			1
# 2 Bedrooms		2	3	5
# 3 Bedrooms				

Off-site affordable units and affordability level

	Very Low	Low	Moderate	Total
# Studios				
# 1 bedrooms				
# 2 bedrooms				
# 3 bedrooms				
Proposed Location: _____				

Is any portion of the property located within any of the following?	**Yes**	**No**
(A) A very high fire hazard severity zone, as determined by the Department of Forestry and Fire Protection pursuant to Section 51178.	☐	☑
(B) Wetlands, as defined in the United States Fish and Wildlife Service Manual, Part 660 FW 2 (June 21, 1993).	☐	☑
(C) A hazardous waste site that is listed pursuant to Section 65962.5 or a hazardous waste site designated by the Department of Toxic Substances Control pursuant to Section 25356 of the Health and Safety Code.	☐	☑
(D) A special flood hazard area subject to inundation by the 1 percent annual chance flood (100-year flood) as determined by the Federal Emergency Management Agency in any official maps published by the Federal Emergency Management Agency.	☐	☑
(E) A delineated earthquake fault zone as determined by the State Geologist in any official maps published by the State Geologist, unless the development complies with applicable seismic protection building code standards adopted by the California Building Standards Commission under the California Building Standards Law (Part 2.5 (commencing with Section 18901) of Division 13 of the Health and Safety Code), and by any local building department under Chapter 12.2 (commencing with Section 8875) of Division 1 of Title 2.	☐	☑
(F) A stream or other resource, including creeks and wetlands, that may be subject to a streambed alteration agreement pursuant to Chapter 6 (commencing with Section 1600) of Division 2 of the Fish and Game Code. If yes, a site map showing a stream or other resource that may be subject to a streambed alteration agreement pursuant to Chapter 6 (commencing with Section 1600) of Division 2 of the Fish and Game Code and an aerial site photograph showing existing site conditions of environmental site features that would be subject to regulations by a public agency is required	☐	☑
Any proposed point sources of air or water pollutants? If yes, please explain: _____	☐	☑

PROJECT INFORMATION (CONTINUED)

Any species of special concern known to occur on the property? If yes, please explain: _____	☐	☑
Any historic or cultural resources known to exist on the property? If yes, please explain:_____	☐	☑
Are any approvals under the Subdivision Map Act, including, but not limited to, a parcel map, a tentative map, or a condominium map, being requested?	☑	☐
Any public easements such as a public utility easement? If yes, please explain: _____	☐	☑

For a housing development project proposed to be located within the Coastal Zone: NA

Is any portion of the property located within any of the following?	**Yes**	**No**
(A) Wetlands, as defined in subdivision (b) of Section 13577 of Title 14 of the California Code of Regulations.	☐	☐
(B) Environmentally sensitive habitat areas, as defined in Section 30240 of the Public Resources Code	☐	☐
(C) A tsunami run-up zone.	☐	☐
(D) Use of the site for public access to or along the coast.	☐	☐

Demolition Permit Acknowledgement (For Structures 40 Years or Older)

Pursuant to SMMC 9.25.040(E) a demolition permit is required for demolition of any building or structure on the property (primary or accessory structure). For buildings or structures constructed more than 40 years ago no entitlement will be accepted until at least 75 days after a complete demolition permit application is accepted. A Landmark or Structure of Merit Designation Application may be filed during this 75-day review period, and the Landmarks Commission may subsequently designate the property (structure and/or parcel) as a Landmark, Landmark Parcel, or Structure of Merit in accordance with and based on findings established in SMMC 9.56 and 9.58.

☒ My property contains a structure (or structures) 40 years old or older and the proposed development of this property will require a demolition permit.

☐ My application for a demolition permit has been submitted and, no formal historic designation application has been filed during the 75-day review period.

REQUIRED SUBMITTAL ATTACHEMENTS

Project Submittal

☒ All materials must be submitted digitally. Prepare one PDF file with the **SIGNED** application and all supplemental materials and a second PDF file of the Project Plans. Resolution should allow legible printing at 11" x 17".

Application Fees

☒ The payment of an application fee is required at time of submittal. Contact City Planning at 311@santamonica.gov for applicable fee.

SB330 ATTACHMENT A: PROPERTY OWNER INFORMATION

Successor trustee #1

Name: Sheila LeDuff Higbie

Address: 7927 Denrock Ave

City/State: Los Angeles, CA

Zip: 90045

Phone: 310-261-5914

Email: sheleduff@aol.com

Successor trustee #2

Name: Deborah Francis

Address: 1491 Sebring St

City/State: Pomona, CA

Zip: 91767

Phone: 310-261-1694

Email: deb4lrd@msn.com

SB330 Attachment B: Requested Waivers and Incentives of Development Standards

1. **Lot Consolidation:** Density Bonus Incentive to waive SMMC Section 9.21.030(B) to allow for parcel sizes exceeding the maximum limits in the R2 zone.
2. **Maximum Parcel Coverage:** Development Standard Waiver of SMMC Section 9.08.030 (Low-Density Residential Development Standards) to increase the maximum allowable parcel coverage from 55% to 72%.
3. **Building Height:** Development Standard Waiver of SMMC Section 9.08.030 to increase the maximum allowable building height from the base district limit up to 138 feet.
4. **Floor Area Ratio (FAR):** Development Standard Waiver of SMMC Section 9.08.030 to increase the maximum allowable Floor Area Ratio (FAR) from the base limit up to 8.96.
5. **Front Yard Setback:** Development Standard Waiver of SMMC Section 9.07.030 to reduce the required front yard setback to 0 feet 0 inches.
6. **Side Yard Setback:** Development Standard Waiver of SMMC Section 9.08.030 to reduce the required interior side yard setback to 5 feet 0 inches.
7. **Rear Yard Setback:** Development Standard Waiver of SMMC Section 9.08.030 to reduce the required rear yard setback to 10 feet 0 inches.
8. **Upper-Story Stepbacks:** Development Standard Waiver of SMMC Section 9.08.030 and City Objective Design Standards to eliminate all minimum upper-story stepbacks required above the ground floor.
9. **Façade Articulation:** Development Standard Waiver of City Objective Design Standards to eliminate the maximum unbroken primary façade length restrictions.
10. **Outdoor Living Area:** Development Standard Waiver of SMMC Section 9.08.030 to eliminate all private and common outdoor living area minimum requirements per unit.
11. **Open Space:** Development Standard Waiver of SMMC Section 9.08.030 to eliminate all standard residential project open space allocation requirements.
12. **Landscaping Requirements:** Development Standard Waiver of SMMC Section 9.08.030 to eliminate standard parcel site landscaping and tree canopy requirements.

13. **Bicycle Parking:** Development Standard Waiver of SMMC Section 9.28.140 to modify or eliminate minimum long-term and short-term residential bicycle parking space rules.
14. **Market-Rate Unit Mix:** Development Standard Waiver of SMMC Housing Regulations to eliminate the 10% three-bedroom market-rate unit mix requirement down to 0%.
15. **Affordable Unit Mix Proportionality:** Development Standard Waiver of California Government Code Section 65915(b)(3) to allow the project's six (6) deed-restricted affordable units to be allocated exclusively as one-bedroom and two-bedroom configurations with zero (0) affordable studios.
16. **Rooftop Encroachments:** Development Standard Waiver of SMMC Rooftop Appurtenance and Mechanical Screening Setback Rules to allow a 0-foot additional step-back for the elevator/stair core on the northern property line.
17. **Story Limitations:** Development Standard Waiver of SMMC Section 9.08.030 to permit an overall building story count of twelve (12) stories above the grade plane.
18. **Reservation of Rights:** The Applicant explicitly reserves the right to modify, add, or amend this list of requested Waivers and Incentives of Development Standards under California Government Code Section 65915(e) throughout the full application review process

LETTER OF AUTHORIZATION

Date: August 12, 2026

Property Address: 1517 15th Street, Santa Monica, CA 90404

Assessor's Parcel Number (APN): 4282-035-019

Legal Description:

Lot U in Block 184 of Santa Monica Tract, as per map recorded in Book 39 Page 45 of Miscellaneous Records, in the office of the County Recorder of said County.

To:
City of Santa Monica
Planning and Development Department
1685 Main Street
Santa Monica, CA 90401

Subject: Authorization to File SB 330 Preliminary Application

To Whom It May Concern,

We, Sheila LeDuff Higbie and Deborah Francis, state that we are the Co-Successor Trustees of The Percy A. and Elsie M. LeDuff Trust, which is the sole owner of the real property located at the address referenced above.

As Trustees, we hold full legal authority to manage, encumber, and execute documents regarding this property, as verified by the attached Certification of Trust.

We hereby authorize Bruce Adler, acting as the Developer, and his designated agents or representatives, to act on our behalf in all matters related to the preparation, submittal, modification, and processing of the Senate Bill (SB) 330 Preliminary Application with the City of Santa Monica for the aforementioned property.

This authorization includes the authority to sign applications, attend meetings, and submit required plans or documentation necessary to facilitate the review of this housing development project.

Trustee initials: SHH/_____

This authorization shall remain valid until the application process is complete or until revoked by us in writing.

Thank you for your assistance.

Sincerely,

Signature: Sheila LeDuff Higbie Date: 8-14-2026

Sheila LeDuff Higbie

Co-Successor Trustee, The Percy A. and Elsie M. LeDuff Trust

Phone: 310-261-5914

Email: SheLeDuff@AOL.com

Signature: _____ Date: _____

Deborah Francis

Co-Successor Trustee, The Percy A. and Elsie M. LeDuff Trust

Phone: _____

Email: _____

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
County of Los Angeles)

On August 14, 2026 before me, Tyler L. Eggers, Notary Public
(insert name and title of the officer)

personally appeared Sheila LeDuff Higbie,
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.

TYLER L. EGGERS
Notary Public - California
Los Angeles County
Commission # 2427983
My Comm. Expires Nov 24, 2026

Signature _____ (Seal)

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
County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
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.

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WITNESS my hand and official seal.

Signature _____ **(Seal)**

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To:
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Planning and Development Department
1685 Main Street
Santa Monica, CA 90401

Subject: Authorization to File SB 330 Preliminary Application

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We, Sheila LeDuff Higbie and Deborah Francis, state that we are the Co-Successor Trustees of The Percy A. and Elsie M. LeDuff Trust, which is the sole owner of the real property located at the address referenced above.

As Trustees, we hold full legal authority to manage, encumber, and execute documents regarding this property, as verified by the attached Certification of Trust.

We hereby authorize Bruce Adler, acting as the Developer, and his designated agents or representatives, to act on our behalf in all matters related to the preparation, submittal, modification, and processing of the Senate Bill (SB) 330 Preliminary Application with the City of Santa Monica for the aforementioned property.

This authorization includes the authority to sign applications, attend meetings, and submit required plans or documentation necessary to facilitate the review of this housing development project.

Trustee initials: _____ / DF

This authorization shall remain valid until the application process is complete or until revoked by us in writing.

Thank you for your assistance.

Sincerely,

Signature:_____ Date:_____

Sheila LeDuff Higbie

Co-Successor Trustee, The Percy A. and Elsie M. LeDuff Trust

Phone: _____

Email: _____

Signature: Deborah Francis Date: 8/14/2026

Deborah Francis

Co-Successor Trustee, The Percy A. and Elsie M. LeDuff Trust

Phone: 310-261-1694

Email: DEB4LRD@MSN.COM

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
County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
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 _____ (Seal)

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
County of Los Angeles)

On August 14, 2020 before me, Leslie Rodriguez, Notary Public
(insert name and title of the officer)

personally appeared Deborah Francis,
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 Leslie Rodriguez (Seal)

LESLIE RODRIGUEZ
Notary Public - California
San Bernardino County
Commission # 2543179
My Comm. Expires Dec 23, 2029

Certification of Trust

(Pursuant to California Probate Code §18100.5)

I/We, Sheila LeDuff Higbie and Deborah Francis, trustee(s) confirm the following facts:

1. The The Percy A. and Elsie M. LeDuff Trust (Name of Trust)

   is currently in existence and was executed on July 31, 1992.

2. The settlor(s) of the trust are: Percy A. LeDuff and Elsie M. LeDuff.

3. The currently acting trustee(s) of the trust is (are): Sheila LeDuff Higbie and Deborah Francis, Successor Trustees.

4. The power of the trustee(s) includes:
   (a) The powers to sell, convey and exchange [✓] Yes [ ] No (check one)
   (b) The power to borrow money and encumber the trust property with a deed of trust or mortgage [✓] Yes [ ] No (check one).

5. The trust is [ ] REVOCABLE [✓] IRREVOCABLE (check one) and the following party(ies), if any, is (are) identified as having the power to revoke the trust:

   _____.

6. The trust [✓] DOES [ ] DOES NOT (check one) have multiple trustees. If the trust has multiple trustees, the signatures of:
   (mark one of the following:)
   [✓] ALL
   [ ] ANY _____ (specify number) of the Trustees are required to exercise the powers of the Trust.

7. The Trust identification number is: 367437047 (Social Security No/Employer ID).

8. Title to trust assets is to be taken in the following manner:
   Sheila LeDuff Higbie and Deborah Francis, Successor Trustees of The Percy A. and Elsie M. LeDuff Trust.

The undersigned trustee(s) declare(s) that the trust has not been revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect. This Certification is executed by all of the currently acting trustees of the Trust pursuant to Section 18100.5 of the Probate Code.

(ALL SIGNATURES MUST BE ACKNOWLEDGED)

Sheila LeDuff Higbie
Signature

Sheila LeDuff Higbie, Successor Trustee
Print Name and Title

_____
Signature

Deborah Francis, Successor Trustee
Print Name and Title

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 Los Angeles)

On August 14, 2026 before me, Tyler L. Eggers , Notary Public, personally appeared Sheila LeDuff Higgie

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.

This area for official notarial seal.

Notary Signature

TYLER L. EGGERS
Notary Public - California
Los Angeles County
Commission # 2427983
My Comm. Expires Nov 24, 2026

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 _____)SS

COUNTY OF _____)

On _____ before me, _____ , Notary Public, personally appeared _____

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. *This area for official notarial seal.*

_____

Notary Signature

Certification of Trust

(Pursuant to California Probate Code §18100.5)

I/We, Sheila LeDuff Higbie and Deborah Francis, trustee(s) confirm the following facts:

1. The The Percy A. and Elsie M. LeDuff Trust (Name of Trust)
   is currently in existence and was executed on July 31, 1992.
2. The settlor(s) of the trust are: Percy A. LeDuff and Elsie M. LeDuff.
3. The currently acting trustee(s) of the trust is (are): _____
   Sheila LeDuff Higbie and Deborah Francis, Successor Trustees.
4. The power of the trustee(s) includes:
   (a) The powers to sell, convey and exchange [✓] Yes [ ] No (check one)
   (b) The power to borrow money and encumber the trust property with a deed of trust or mortgage [✓] Yes [ ] No (check one).
5. The trust is [ ] REVOCABLE [✓] IRREVOCABLE (check one) and the following party(ies), if any, is (are) identified as having the power to revoke the trust:
   _____.
6. The trust [✓] DOES [ ] DOES NOT (check one) have multiple trustees. If the trust has multiple trustees, the signatures of:
   (mark one of the following:)
   [✓] ALL
   [ ] ANY _____ (specify number) of the Trustees are required to exercise the powers of the Trust.
7. The Trust identification number is: 367437047 (Social Security No/Employer ID).
8. Title to trust assets is to be taken in the following manner:
   Sheila LeDuff Higbie and Deborah Francis, Successor Trustees of The Percy A. and Elsie M. LeDuff Trust.

The undersigned trustee(s) declare(s) that the trust has not been revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect. This Certification is executed by all of the currently acting trustees of the Trust pursuant to Section 18100.5 of the Probate Code.

(ALL SIGNATURES MUST BE ACKNOWLEDGED)

_____	Deborah Francis
Signature	Signature
Sheila LeDuff Higbie, Successor Trustee	Deborah Francis, Successor Trustee
Print Name and Title	Print Name and Title

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 _____)SS

COUNTY OF _____)

On _____ before me, _____ , Notary Public, personally appeared _____

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. *This area for official notarial seal.*

_____

Notary Signature

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 Los Angeles)

On August 14, 2020 before me, Leslie Rodriguez , Notary Public, personally appeared Deborah Francis

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.

This area for official notarial seal.

Leslie Rodriguez

Notary Signature

LESLIE RODRIGUEZ
Notary Public - California
San Bernardino County
Commission # 2543179
My Comm. Expires Dec 23, 2029

This page is part of your document - DO NOT DISCARD

20250075119

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

02/06/25 AT 08:45AM

Pages:
0004

FEES:	28.00
TAXES:	0.00
OTHER:	0.00
SB2:	75.00
PAID:	103.00

LEADSHEET

202502062970024

00025208845

015126614

SEQ:
01

DAR - Mail (Intake)

THIS FORM IS NOT TO BE DUPLICATED

E697221

REQUESTED BY:
Richard B. Skolnick
Attorney at Law

25208845
Batch Number: 15126614

WHEN RECORDED MAIL TO:
Sheila LeDuff Higbie
P.O. Box 45722
Los Angeles, CA 90045

APN: 4282-035-019

Space Above This Line for Recorder's Use

AFFIDAVIT OF DEATH OF TRUSTEE

State of California
County of Los Angeles

Sheila LeDuff Higbie and Deborah Francis, of legal age, being first duly sworn, depose and say:

1. Elsie Mae LeDuff, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as Trustee in the certain Declaration of Trust dated July 31, 1992, executed by Percy A. LeDuff and Elsie M. LeDuffl, as Trustors.

2. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on October 27, 1992, as Instrument No. 92 1976461, in the Official Records of Los Angeles County, State of California, covering the following described property situated in the City of Santa Monica, Los Angeles County, State of California:

Lot U in Block 184 of Santa Monica Tract, as per map recorded in Book 39 Page 45 of Miscellaneous Records, in the office of the County Recorder of said County.

3. We are the Successor Trustees of the same trust under which said decedent held title as Trustee pursuant to the deed described above, and are designated and empowered pursuant to the terms of said trust to serve as Trustees thereof.

Property address: 1517 15th St., Santa Monica, CA 90404

Dated 1/25/2025

Sheila LeDuff Higbie

Sheila LeDuff Higbie

Deborah Francis

Deborah Francis

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 Los Angeles

BRENDA MOON
Notary Public - California
Los Angeles County
Commission # 2478079
My Comm. Expires Jan 28, 2028

Subscribed and sworn to (or affirmed) before me on this 25 day of January, 2025.
Date *Month* *Year*

by
(1) Sheila Leduff Higbie
(and (2) Deborah Elizabeth Francis
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Brenda Moon
Signature of Notary Public

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS 11 (REV 1/03)

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)
ELSIE	MAE	LEDUFF

AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST): –

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR: Months / Days	IF UNDER 24 HOURS: Hours / Minutes	6. SEX
08/05/1930	73			F

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
LA	[redacted]-3005	☐ YES ☒ NO ☐ UNK	WIDOWED	01/11/2004	1130

13. EDUCATION — Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.)	16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)
SOME COLLEGE	☐ YES ☒ NO	BLACK/WHITE

17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
HOMEMAKER	OWN HOME	53

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 1517 15TH ST.

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
SANTA MONICA	LOS ANGELES	90404	41	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
SHEILA LEDUFF-HIGBIE - DAUGHTER	1517 15TH ST. SANTA MONICA, CA 90404

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Maiden Name)	
–	–	–	
31. NAME OF FATHER — FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
ALPHONSE	–	THIBODEAUX	LA
35. NAME OF MOTHER — FIRST	**36. MIDDLE**	**37. LAST (Maiden)**	**38. BIRTH STATE**
ELLA	MARIE	RICHARD	LA

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
01/17/2004	HOLY CROSS CEMETERY, 5835 W. SLAUSON AVE. CULVER CITY, CA 90230	
41. TYPE OF DISPOSITION(S)	**42. SIGNATURE OF EMBALMER**	**43. LICENSE NUMBER**
BU	Michael Rogers	6457
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER**	**46. SIGNATURE OF LOCAL REGISTRAR** / **47. DATE mm/dd/ccyy**
HOLY CROSS MORTUARY	FD-1711	Thomas Y Gawlowski / 01/15/2004

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RESIDENCE	☐ IP ☐ ER/OP ☐ DOA	☐ Hospice ☐ Nursing Home/LTC	☒ Decedent's Home ☐ Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	106. CITY
LOS ANGELES	1517 15TH ST.	SANTA MONICA

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, 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.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A)	CARCINOMA OF THE DUODENUM	(AI) 4MOS	☒ YES ☒ NO REFERRAL NUMBER 2004-50506
(B)		(BI)	109. BIOPSY PERFORMED? ☒ YES ☐ 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 (C)		(CI)	110. AUTOPSY PERFORMED? ☐ YES ☒ NO
(D)		(DI)	111. USED IN DETERMINING CAUSE? ☐ YES ☒ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	113A. IF FEMALE, PREGNANT IN LAST YEAR?
DUODENAL BIOPSY 08/26/2003, LAPAROSCOPY 09/17/2003	☐ YES ☒ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
	Marilou Terpenning	G39425	01/13/2004

(A) Decedent Attended Since mm/dd/ccyy	(B) Decedent Last Seen Alive mm/dd/ccyy	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
09/12/2003	11/24/2003	MARILOU TERPENNING, M.D. 2021 SANTA MONICA BLVD. SANTA MONICA, CA 90404

CORONER'S USE ONLY

24

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
MANNER OF DEATH ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined	☐ YES ☐ NO ☐ UNK		

123. 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/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

160082292

STATE REGISTRAR	A	B	C	D	E	FAX AUTH. #	CENSUS TRACT
						162-5217	

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

Thomas Y Gawlowski DATE ISSUED 223 JAN 20 2004

Director of Health Services and Registrar

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA EUREKA

LOS ANGELES COUNTY REGISTRAR OF VITAL STATISTICS STATE OF CALIFORNIA

THIS DOCUMENT DO NOT TAKE — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

RECORDING REQUESTED BY
Elsie M. LeDuff
AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO

NAME Elsie M. LeDuff
STREET ADDRESS 1517 15th Street
CITY STATE Santa Monica, CA 90404

Title Order No. Escrow No.

92 1976461

RECORDED IN OFFICIAL RECORDS
RECORDER'S OFFICE
LOS ANGELES COUNTY
CALIFORNIA
1 MIN. PAST 12 P.M. OCT 27 1992

FEE $8 S
2

SPACE ABOVE THIS LINE FOR RECORDER'S USE

*This conveyance transfers the grantor's interest into her revocable living trust and is a bona fide gift and the grantor received nothing in return, R&T 11911.

DOCUMENTARY TRANSFER TAX $ 0*
computed on full value of property conveyed, or
computed on full value less value of liens and encumbrances remaining at the time of sale.
Richard B. Skolnick, Attorney
Signature of Declarant or Agent Determining Tax — Firm Name

QUITCLAIM DEED

Elsie M. LeDuff, Successor Trustee to Percy A. LeDuff and Elsie M. LeDuff, Trustees of The Percy A. and Elsie M. LeDuff Trust under ~~Agreement dated July 31, 1992~~,

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do es hereby remise, release and forever quitclaim to vesting is on Exhibit "A" attached hereto and made a part hereof.

the following described real property in the City of Santa Monica, County of Los Angeles, State of California

Lot D, in Block 184 of Santa Monica Tract, as per map recorded in Book 39 Page 45 of Miscellaneous Records, in the office of the County Recorder of said County.

Assessor's parcel No. 4282-035-019

Executed on Oct 1, 19 92, at , CA
City and State

Elsie M. LeDuff

Elsie M. LeDuff,
Successor Trustee to Percy A. LeDuff
and Elsie M. LeDuff, Trustees of The
Percy A. and Elsie M. LeDuff Trust under
Agreement dated July 31, 1992

STATE OF CALIFORNIA } ss
COUNTY OF LOS ANGELES

On this 1st day of October in the year 19 92 before me the undersigned, a Notary Public in and for said State, personally appeared Elsie M. LeDuff, Successor Trustee personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed it

WITNESS my hand and official seal

Richard B. Skolnick
Notary Public in and for said State

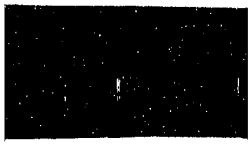
OFFICIAL SEAL
RICHARD B. SKOLNICK
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires FEB 19, 1994

(This area for official notarial seal)

MAIL TAX STATEMENTS TO _____
NAME ADDRESS ZIP

WOLCOTTS FORM 790 Rev. 6-84
QUITCLAIM DEED (price class 3)

This standard form is intended for the typical situations encountered in the field indicated. However, before you sign it, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use.



2

Exhibit "A"

Elsie M. LeDuff, Trustee of The Percy A. and Elsie M. LeDuff Exemption Trust under Agreement dated July 31, 1992, as to an undivided one-half interest, and Elsie M. LeDuff, Trustee of The Percy A. and Elsie M. LeDuff Survivor's Trust under Agreement dated July 31, 1992, as to an undivided one-half interest, as tenants in common.

R:LEDUFF.EXA

92-1976461

92-1715222

RECORDING REQUESTED BY
Mr. & Mrs. Percy A. LeDuff
AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO

Percy A. LeDuff
Elsie M. LeDuff
1517 15th Street
Santa Monica, CA 90404

Title Order No. Escrow No.

RECORDED IN OFFICIAL RECORDS
RECORDER'S OFFICE
LOS ANGELES COUNTY
CALIFORNIA
31 MIN. PAST. 2 P.M. SEP 15 1992

FEE $5 P

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

*This conveyance transfers the grantors' interest into their revocable living trust, R&T 11911.

DOCUMENTARY TRANSFER TAX $ 0*
computed on full value of property conveyed, or
computed on full value less value of liens and encumbrances remaining at the time of sale.
Signature of Declarant or Agent Determining Tax — Firm Name

Percy A. LeDuff and Elsie M. LeDuff
(Insert True Name of Grantor)

the undersigned grantor(s), for a valuable consideration, receipt of which is hereby acknowledged, do___ hereby remise, release and forever quitclaim to Percy A. LeDuff and Elsie M. LeDuff, Trustees of The Percy A. and Elsie M. LeDuff Trust under Agreement dated July 31, 1992, the following described real property in the City of Santa Monica County of Los Angeles, State of California

Lot U, in Block 184 of Santa Monica Tract, as per map recorded in Book 39 Page 45 of Miscellaneous Records, in the office of the County Recorder of said County.

Assessor's parcel No 4282-035-019

Executed on July 31, 19 92 at Santa Monica, CA
(City and State)

Percy A. LeDuff

Elsie M. LeDuff

STATE OF CALIFORNIA }
COUNTY OF LOS ANGELES } ss

On this 31st day of July in the year 19 92 before me, the undersigned, a Notary Public in and for said State, personally appeared Percy A. LeDuff and Elsie M. LeDuff

_____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person s whose name s are ___ subscribed to the within instrument, and acknowledged to me that t hey executed it

WITNESS my hand and official seal

Notary Public in and for said State

OFFICIAL SEAL
RICHARD B. SKOLNICK
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires FEB 19, 1994

(This area for official notarial seal)

MAIL TAX STATEMENTS TO _____
NAME ADDRESS ZIP

WOLCOTTS FORM 790 Rev. 8 84
QUITCLAIM DEED (price class 3)

This standard form is intended for the typical situations encountered in the field indicated. However, before you sign read it, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form s fitness for your purpose and use