Prepared
Recording ~~Requested~~ By
When Recorded Mail To:

ATTORNEY G. CAT STOKES
6700 Freeport Blvd., Suite 104
Sacramento, CA 95822

Davidson County DEEDWARR
Recvd: 11/13/00 14:46 3pgs
Fees:14.00 Taxes:0.00
20001113-0112483

Mail Tax Statements To: New Owner
Mrs. Iantha V. Jones, Trustee
2300 Lavanda Dr., Oxnard, CA 93030

****

LIVING TRUST GRANT DEED

GRANT DEED - THERE IS NO CONSIDERATION FOR THIS TRANSFER
Documentary transfer tax is $-0-
There is no Documentary transfer tax due: Conveyance to a Trust or Trustee, not pursuant to a sale.

__Unincorporated area: __X__City of Nashville
This is a Trust Transfer under §62 of the California Revenue and Taxation Code GRANTOR(S): IANTHA V. JONES, aka IANTHA M. JONES, aka IANTHA JONES, hereby GRANT(S) to IANTHA V. JONES, Trustee or her successor(s) in trust, under the IANTHA V. JONES, REVOCABLE LIVING TRUST, dated August 8, 2000, and any amendments thereto, the following described property in the County of Davidson, State of Tennessee:

LAND in Davidson County, Tennessee, being Lot No. 287 on the plan of Section two, Bordeaux Hills, of record in Book 3600, Page 7, Register's Office for said County.

SAID Lot No. 287 fronts 53.6 feet on the easterly side of Snell Boulevard and extends back 209.07 feet on the southerly line, which is a broken line, and 205.62 feet on the northerly line, which is a broken line, to a point in the rear.

BEING the same property conveyed to Frederick C. Jones and wife, Iantha M. Jones by deed from Ronald E. Braden and wife, Patricia A. Braden, of record in Book 6298, Page 494, Register's Office for Davidson County, Tennessee, Frederick C. Jones, now deceased, as set forth in the attached Certificate of Death.

COMMONLY known as: 1449 SNELL BLVD., NASHVILLE, TN 37218.
I.D. REF. No. I24106 TAX MAP NO. 80-7 Parcel #11

DATED: September 4, 2000

Iantha V. Jones
IANTHA V. JONES

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of VENTURA

On 9-4-20 (Date) before me, BRUCE C. FORSYTH (Name, Title of Officer - E.G., "Jane Doe, Notary Public")

personally appeared SANDRA V. JONES

☐ personally known to me - **OR** - ☐ 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.

BRUCE C. FORSYTH
Commission # 1111332
Notary Public — California
Ventura County
My Comm. Expires Nov 29, 2000

WITNESS my hand and official seal.

Signature of Notary

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and oculd prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

☒ INDIVIDUAL
☐ CORPORATE OFFICER

_____
Title(s)

☐ PARTNER(S) ☐ LIMITED
☐ GENERAL

☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

_____

_____

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

_____

_____

DESCRIPTION OF ATTACHED DOCUMENT

LIVING TRUST GRANT DEED
TITLE OR TYPE OF DOCUMENT

(2) TWO
NUMBER OF PAGES

AUGUST 8, 2000
DATE OF DOCUMENT

NONE
SIGNER(S) OTHER THAN NAMED ABOVE

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF VENTURA

VENTURA, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)

STATE FILE NUMBER: 3 199956 000159 — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
FREDERICK	CHRISTOPHER	JONES

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
06/21/1929	69			MALE	01/13/1999	1134

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
TN	[redacted]-7380	[X] YES [ ] NO [ ] UNK	MARRIED	15

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
BLACK	[ ] YES [X] NO	COUNTY OF VENTURA

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
ADMINISTRATIVE ANALYST	COUNTY GOVERNMENT	14

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 2300 LAVANDA DR.

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
OXNARD	VENTURA	93030	45	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
IANTHA JONES -WIFE	2300 LAVANDA DR., OXNARD, CA 93030

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
IANTHA	V.	MARTIN	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
BRADY	-	JONES, SR.	TN
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
HORTENSE	-	COX	TN

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
01/21/1999	IVY LAWN MEMORIAL PARK, 5400 VALENTINE RD., VENTURA, CA 93003

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
BURIAL	▶ Heidi Watson	7040
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE MM/DD/CCYY**
CONRAD-CARROLL MORTUARY	FD-1104	▶ Robert Lee Brown-exp. RW	01/19/1999

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
ST. JOHN'S REG. MED. CENTER	[X] IP [ ] ER/OP [ ] DOA	[ ] CDHH [ ] RES. [ ] OTHER	VENTURA
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			**106. CITY**
1600 N. ROSE AVE.			OXNARD

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D.)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) CARDIOPULMONARY ARREST	MINS.
DUE TO	(B) CARDIAC ARREST	DAYS
DUE TO	(C) CORONARY ARTERY DISEASE	YEARS
DUE TO	(D) DIABETES MELLITUS	YEARS

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO — REFERRAL NUMBER

109. AUTOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [ ] YES [X] NO

111. USED IN DETERMINING CAUSE: [ ] YES [X] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: PERIPHERAL VASCULAR DISEASE, END STAGE RENAL DISEASE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: LEFT BELOW-KNEE AMPUTATION 08/15/1998

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. DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
08/29/1991	01/04/1999	▶ Richard A. Brand MD	A30006	1/15/99

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: RICHARD BRAND, M.D., 701 N. "A" STREET, OXNARD, CA 93030

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
[ ] YES [ ] NO			

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP):

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								59444	

362852

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF VENTURA } SS

DATE ISSUED 01 / 25 / 1999

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department, if it bears the date of issue in red ink.

Robert Lee Brown-exp.
HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

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

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE