Davidson County AFFIDAVIT
Recvd: 09/09/08 09:14 4 pg
Fees:22.00 Taxes:0.00
20080909-0092021

This Instrument Prepared by JOY BUCK GOTHARD, Attorr
P. O. Box 806, Cookeville, TN 38503

AFFIDAVIT OF SURVIVING JOINT TENANT

Annette P. Graff, after first being duly sworn, states that she is an adult citizen and resident of Davidson County, Tennessee. She further states that she is the Successor Trustee of the Josie Hadley Living Trust, dated March 17, 1995, and the surviving joint tenant of a parcel of real property owned by herself and Josefa Hadley, who died on December 12, 2007. This Affidavit of Surviving Joint Tenant is freely given pursuant to Tennessee Code Annotated §30-2-712, *et seq.*, to help establish and reflect the sole ownership interest of **ANNETTE P. GRAFF**, by virtue of the death of Josie Hadley, said property located in Davidson County, Tennessee and particularly to confirm the vesting of title to certain real property in Davidson County, Tennessee, described as follows:

BEING Unit No. 4, in a Horizontal Property Regime as shown on the condominium site plan of Villas at Woodhaven as shown as Exhibit A-2 of the Master Deed called Woodhaven Condominiums, which is one in the same, of record as Inst. No. 20011005-0108857, Register's Office of Davidson County, Tennessee, to which references is hereby made for a more complete description.

BEING the same property conveyed to Melissa A. Faulkner and Donna J. Adwell by deed from David L. Ennis, sole heir to the estate of Albert L. Ennis, and David L. Ennis and wife, Nancy L. Ennis, by instrument executed November 14, 2005, of record as Inst. No. 20051122-0141333, the said property previously vested in Albert L. Ennis, and David L. Ennis and wife, Nancy L. Ennis, by instrument executed August 8, 2003, which is of record as Inst. No. 20030811-0113983, Register's Office for Davidson County, Tennessee. Melissa A. Faulkner and Melissa Faulkner is one and the same person. Donna J. Adwell and Donna Adwell is one and the same person.

THIS conveyance is subject to any and all matters as shown on the plan of Villas at Woodhaven as shown as Exhibit A-2 of the Master Deed called Woodhaven Condominiums, which is one in the same, of record as Int. No. 20011005-0108857, Register's Office, Davidson County, Tennessee; and, to restrictions, declarations, dedications, agreements memorandums, assessments, covenants, conditions, and/or easements of record against said property which are of record in said Register's Office; especially to those matters of record in Inst. No. 20010710-0073194 (Storm Water Detention Agreement) said register's Office.

The premises herein described is a condominium apartment established pursuant

to all the provisions of the Tennessee Horizontal Property Act as same is set out in Section 67-22-101, et set., of the Tennessee Code Annotated, and is subject to the provisions and requirements thereof; also subject to easements, rights, and interest in favor of other unit owners and all sewer, water, electrical, telephone and other utility easements now or thereafter established over, through or upon the land embracing the regime and building thereon; and also including without limitation all conditions, covenants, restrictions, options, burdens assessments, and other undertakings contained in the Master Deed establishing a Horizontal Property Regime of Villas at Woodhaven as shown as Exhibit A-2 of the Master Deed called Woodhaven Condominiums, which is one in the same, of record as Inst. No. 20011005-0108857, Register's office, Davidson County, Tennessee, and master Deed, By-Laws and Charter of record as inst. No. 20011005-0108857, Register's Office, Davidson County, Tennessee, and Charter of record as Inst. No. 20011005-0108856, Register's Office, Davidson County, Tennessee.

The previous and last conveyance being a deed to Annette P. Graff and Josefa Hadley, as joint tenants with the right of survivorship, from Melissa Faulkner and Donna Adwell, of record in Deed Book _____, Page _____, Register's Office of Davidson County, Tennessee.

FURTHER AFFIANT SAITH NOT.

Annette P. Graff

Annette P. Graff

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn to and subscribed before me this _____ day of _____, 2008.

_____
NOTARY PUBLIC

My Commission expires:_____

G:\USDEEDS\Hadley Affidavit 5-22-08.wpd

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of San Mateo

On June 6, 2008 before me, Linda M. Goller Notary Public,
(Here insert name and title of the officer)

personally appeared Annette P Graff,

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.

Linda M. Goller
Signature of Notary Public

(Notary Seal)

LINDA M. GOLLER
Comm. # 1514380
NOTARY PUBLIC - CALIFORNIA
San Mateo County
My Comm. Expires Sept. 19, 2008

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit of Surviving Joint Tenant
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 2 Document Date 06/06/08

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- [X] Individual (s)
- [ ] Corporate Officer

(Title)

- [ ] Partner(s)
- [ ] Attorney-in-Fact
- [ ] Trustee(s)
- [ ] Other

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they,~~ is /~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
  - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION
645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 10/1)

STATE FILE NUMBER

3200743008997
LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)
JOSEFA	SCHMELING	HADLEY

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
01/27/1944	63			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)
GERMANY	[redacted]4007	[ ] YES [X] NO [ ] UNK	DIVORCED	12/13/2007	2245

13. EDUCATION — Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back.)	16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	[ ] YES [X] NO	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
HYPNOTHERAPIST EDUCATOR	HYPNOTHERAPY SCHOOL	35

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 514 UNIVERSITY AVE.

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
LOS ALTOS	SANTA CLARA	94022	40	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
ANNETTE GRAFF, FRIEND	541 UNIVERSITY AVE., LOS ALTOS, CA 94022

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**
CARL	WILHELM	SCHMELING	SWITZRLND
35. NAME OF MOTHER — FIRST	**36. MIDDLE**	**37. LAST (Maiden)**	**38. BIRTH STATE**
HELENE	-	MYKS	GERMANY

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
12/27/2007	ALTA MESA MEMORIAL PARK 695 ARASTRADERO RD., PALO ALTO, CA 94306

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/BU	NOT EMBALMED	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
NEPTUNE SOCIETY OF CENTRAL CALI	FD1322	MARTIN D FENSTERSHEIB, MD	12/18/2007

PLACE OF DEATH

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

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	106. CITY
SANTA CLARA	541 UNIVERSITY AVE.	LOS ALTOS

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
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) LIVER METASTASES	(A1) 2 YRS
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) COLON CANCER	(B1) 3 YRS
	(C)	(C1)
	(D)	(D1)

108. DEATH REPORTED TO CORONER?	109. BIOPSY PERFORMED?	110. AUTOPSY PERFORMED?	111. USED IN DETERMINING CAUSE?
[ ] YES [X] NO (REFERRAL NUMBER)	[X] YES [ ] NO	[ ] YES [X] NO	[ ] 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.): NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [X] 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
GARRETT ANDREW SMITH M.D.	A49288	12/18/2007

Decedent Attended Since (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
02/10/2006	11/27/2007	GARRETT ANDREW SMITH M.D. 350 PARNASSUS AVE., #701, SAN FRANCISCO, CA 94117

CORONER'S USE ONLY

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

MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined

120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
[ ] 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

STATE REGISTRAR	A	B	C	D	E		FAX AUTH. #	CENSUS TRACT
						012007000679094		

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By DEC 19 2007

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

H2199816

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

PRYCO Rev 11/06 — MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE