Prepared by andb Recorded at the request of:
PETER L. BALOGH, Attorney

and when recorded mail to:

PETER L. BALOGH
LAW OFFICE OF PETER L. BALOGH
15 West Manor Drive
Pacifica, CA 94044

Mail tax statements to:

DAVID M. REYNOLDS
1176 Balboa Way
Pacifica, CA 94044

BILL GARRETT, Davidson County
Trans:T20110071896 AFFIDAVIT
Recvd: 11/15/11 08:10 3 pgs
Fees:17.00 Taxes:0.00
20111115-0089002

AFFIDAVIT – DEATH OF TRUSTEE

DAVID M. REYNOLDS of legal age, being first duly sworn, deposes and says:

That ROSEMARIE SARMENT REYNOLDS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROSEMARIE S. REYNOLDS named as Trustee of U.A.D. dated April 18, 1996 and named as Trustee of said trust in the Grant Deed executed on April 18, 1996 and recorded on June 4, 2004 as Instrument 2004-0604-0066185 in the Official Records of the Office of the Register of Deeds of Davidson, State of Tennessee, covering the following described property situated in the City of Nashville, County of Davidson, State of Tennessee commonly known as 2620 Paddle Wheel Drive:

> Being Lot No. 6A on the Plan of Resubdivision of Lots 6A, 6B, 7A, and 7B, River Trace Estates, Section I, Phase I, as of record in Plat Book 6200, page 530, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete and accurate legal description thereof.
>
> Parcel ID: 062020A03500CO

I, DAVID M. REYNOLDS, am the named Successor Trustee under the DAVID M. REYNOLDS AND ROSEMARIE S. REYNOLDS TRUST dated April 18, 1996 which was in effect at the time of the death of the decedent ROSEMARIE S. REYNOLDS and which has not been revoked. I hereby consent to act as such.

There is no Federal Estate Tax due as the result of the death of the decedent ROSEMARIE S. REYNOLDS.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Dated: November 9, 2011

David M Reynolds

DAVID M. REYNOLDS

ACKNOWLEDGMENT

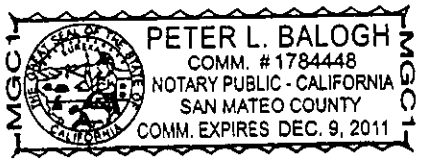
State of California } ss
County of San Mateo }

On November 9, 2011 before me, Peter L. Balogh, Notary Public, personally appeared DAVID M. REYNOLDS, who 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 the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person 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.

PETER L. BALOGH
NOTARY PUBLIC FOR THE STATE OF CALIFORNIA



CAPACITY CLAIMED BY SIGNER: INDIVIDUAL
TITLE OF DOCUMENT: AFFIDAVIT – DEATH OF TRUSTEE
NUMBER OF PAGES: THREE (3)
DATE OF DOCUMENT: NOVEMBER 9, 2011

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
HEALTH SYSTEM
SAN MATEO, CALIFORNIA

3052011173072 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO CHANGES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 2/08)

3201141003261 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)
ROSEMARIE	SARMENT	REYNOLDS

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

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	If UNDER 1 YEAR: Months / Days	If UNDER 1 HOUR: Hours / Minutes	6. SEX
05/11/1931	80			F

8. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/RDP (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
CALIFORNIA	[redacted]6598	☐ YES ☒ NO ☐ UNK	MARRIED	09/23/2011	0717

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 ☒ NO	CAUCASIAN

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	62

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)				
1176 BALBOA WAY				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
PACIFICA	SAN MATEO	94044	52	CALIFORNIA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
DAVID REYNOLDS, HUSBAND	1176 BALBOA WAY, PACIFICA, CA 94044

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP - FIRST	29. MIDDLE	30. LAST (Family) (if RDP)	
DAVID	MICHAEL	REYNOLDS	
31. NAME OF FATHER/PARENT - FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
ROBERT	JOHN	ORCHARD	CA
35. NAME OF MOTHER/PARENT - FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
ROSE		SARMENT	CA

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
09/27/2011	HOLY CROSS CEMETERY	1500 OLD MISSION ROAD, COLMA, CA 94014

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER
BU	▶ EDWARD SANDMEIER	50	EMB8725
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER**	**46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE mm/dd/ccyy**
DUGGANS SERRA MORTUARY	FD1098	▶ SCOTT MORROW, MD 50	09/27/2011

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SETON MEDICAL CENTER	☒ 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
SAN MATEO	1900 SULLIVAN AVENUE	DALY CITY

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) SEPSIS	(a) WKS	☒ YES ☐ NO 11-02802
Sequentially list conditions, if any, leading to the cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(b) CLOSTRIDIUM DIFFICILE COLITIS	(b) WKS	109. AUTOPSY PERFORMED? ☐ YES ☒ NO
	(c) ACUTE RENAL FAILURE	(c) WKS	110. AUTOPSY PERFORMED? ☐ YES ☒ NO
	(d) METASTATIC CERVICAL CANCER	(d) YRS	111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: CHRONIC RENAL FAILURE

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?
NO	☐ 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. Decedent Attended Since / Decedent Last Seen Alive	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
(a) 09/16/2011 (b) 09/23/2011	▶ SARITA SATPATHY M.D. 50	A81246	09/27/2011

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
ALEXANDER CHIH PENG YU M.D.	1900 SULLIVAN AVENUE, DALY CITY, CA 94014

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? ☐ YES ☐ NO ☐ UNK	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)

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
						01000100188011 9		

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN MATEO } SS

DATE ISSUED SEP 29 2011

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

By Anabel Tingin

SCOTT MORROW, M.D.
HEALTH OFFICER AND REGISTRAR

00692416

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE