Davidson County	AFFIDAVIT
Recvd: 05/24/13 16:26	4 pgs
Fees:22.00 Taxes:0.00	
20130524-0053131	

This instrument prepared by:
The Northern Trust Company
c/o Anne Marschik
1995 Village Center Circle
Las Vegas, NV 89134

AFFIDAVIT - DEATH OF TRUSTEE

TITLE OF DOCUMENT #59338

I/We, **The Northern Trust Company**, the undersigned, affirm under penalty of perjury under the laws of the State of Tennessee that the following is true and correct:

(1) By instrument dated January 29, 1997, **Jack M. Grossman and Sarah K. Grossman** executed the **Jack M. Grossman Family Trust**

(2) Said trust appointed **Sarah K. Grossman** to serve as Surviving Trustee upon the death or incapacity of **Jack M. Grossman**.

(3) **Jack M. Grossman** died on September 19, 2006 at Las Vegas, Nevada, a resident of Clark County, Nevada pursuant to the attached certified copy of the Certificate of Death and is the same person as said **Jack M. Grossman**. Pursuant to the terms of the Trust, Sarah K. Grossman assumed the responsibilities as Surviving Trustee.

(4) Pursuant to the terms set forth in the **Jack M. Grossman Family Trust dated January 29, 1997** under Section 15.2, **Sarah K. Grossman**, as sole Trustee, has the authority and has exercised her power to appoint a Co-Trustee to serve with her as Co-Trustees of the **Jack M. Grossman Family Trust dated January 29, 1997**.

(5) On November 5, 2009, **Sarah K. Grossman** executed the Appointment of Trustee appointing **Northern Trust Bank, FSB, now known as The Northern Trust Company**, to serve with her as a Co-Trustee of said Trust.

(6) On November 15, 2009, **Northern Trust Bank, FSB, now known as The Northern Trust Company**, executed the Acceptance of Trustee accepting the appointment to serve as a Co-Trustee of said Trust.

(7) On February 7, 2013, **Sarah K. Grossman** executed the Resignation of Co-Trustee resigning as Co-Trustee of the **Jack M. Grossman Family Trust dated January 29, 1997**, thus making **Northern Trust Bank, FSB, now known as The Northern Trust Company**, as the sole Trustee.

(8) The following described real property is part of the trust estate:

MURFREESBORO PIKE & BROOKSBORO PLACE, NASHVILLE, DAVIDSON COUNTY, TENNESSEE

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT 1 ON THE FINAL PLAT OF NASHBORO SQUARE RECORDED AS INSTRUMENT NO. 20030922-0139711, IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE, TO WHICH REFERENCE IS HERE MADE FOR A COMPLETE DESCRIPTION.

This is unimproved ( ) property known as: 2350 Murfreesboro Pike
Improved (x) Nashville, Tennessee 37217

(9) No other person has a right to the interest of the Trust in the described property.

(10) The described property shall be transferred to **The Northern Trust Company** as Trustee.

Witness our hand this 22nd day of February, 2013, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

The Northern Trust Company

By _____

BY: PRINTED NAME & TITLE Anne M. Marschik, Sr. Vice President

ACKNOWLEDGMENT

STATE OF NEVADA)

COUNTY OF CLARK) ss

Signed and sworn to (or affirmed) before me on 22nd day of February, 2013, by Anne M. Marschik **as** Sr. Vice President **of The Northern Trust Company.**

Before Me: _____
NOTARY PUBLIC

My Commission Expires: Sept. 16, 2015

NOTARY STAMP/SEAL

JENNIFER KARUHN
Notary Public, State of Nevada
Appointment No. 07-4915-1
My Appt. Expires Sep 16, 2015

AFFIDAVIT OF VALUE

STATE OF NEVADA)

COUNTY OF CLARK)

I hereby swear or affirm that to the best of affiants knowledge, information, and belief, the actual consideration or value whichever is greater, for this transfer is $0.00. Recordation Tax Code 67-4-409(a)(4)

Subscribed and sworn to before me this the 22nd day of February, 2013

The Northern Trust Company, Trustee (Affix Seal)

By _____

Affiant:

Anne M. Marschik, Sr. Vice President

Printed name & title

_____
Notary Public

My Commission Expires: Sept. 16, 2015

JENNIFER KARUHN
Notary Public, State of Nevada
Appointment No. 07-4915-1
My Appt. Expires Sep 16, 2015

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 09649

STATE FILE NUMBER:

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Jack	M.	GROSSMAN	2. September 19, 2006	3a. Clark

CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst., indicate DOA, OP/Emer. Rm, Inpatient (Specify)	SEX
3b. Las Vegas	3c. Sunserlin Hospital Medical Center	3d. Emergency Room	4. Male

RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify ☐ yes ☒ no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR: MOS / DAYS	UNDER 1 DAY: HOURS / MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 83	7b.	7c.	8. Sep 24, 1922

STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
9a. New York	9b. U.S.A.	10. 16+	11. Married	12. Sarah Karasek

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. [redacted]-9551	14a. Owner/Operator/Pharmacist	14b. Pharmacy Chain

If death occurred in institution see handbook for form completion of residence data

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada	15b. Clark	15c. Las Vegas	15d. 1420 Iron Hills Ln.	15e. Yes

PARENTS

FATHER—NAME First	Middle	Last	MOTHER—MAIDEN NAME First	Middle	Last
16. Frank		Grossman	17. Fannie		Morer

INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
18a. Sarah Grossman - Wife	18b. 1420 Iron Hills Lane, Las Vegas, Nevada 89134

DISPOSITION

BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town	State
19a. Burial	19b. King David Cemetery	19c. Las Vegas, Nevada	

FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. [signature]	20b. 80	20c. King David Memorial Chapel & Cemetery 2697 Eldorado Lane, Las Vegas, Nevada 89120

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN:

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [signature] Christopher Gerst MD

DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
21b. 9/21/06	21c. 12:48 PM

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.

To be completed by Coroner's Office:

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)

DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
22b.	22c.
PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	PRONOUNCED DEAD (Hour) 22e. AT

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)	LICENSE NUMBER
23a. Christopher Gerst MD 500 N Rainbow Las Vegas Nevada 89107	23b. 10046

REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. (Signature) [signature] Dan Matti Deputy	24b. SEP 21 2006	24c. YES ☐ NO ☒

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) cardiopulmonary arrest — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) unclear etiology — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.

AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. No	27. Yes

ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e.	28f.	28g.		

STATE REGISTRAR

No. 350252

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics
By: [signature]
Date Issued: OCT 04 2006

True Copy Certification

I, SHARON BAILEY, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Sharon Bailey
Signature

State of NEVADA

County of CLARK

Personally appeared before me, Valerie Ward, a notary public for this county and state, Sharon Bailey who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Valerie Ward
Notary's Signature

My Commission Expires: 8/30/15
Notary' Seal (if on paper)

VALERIE WARD
Notary Public State of Nevada
No. 07-4707-1
My appt. exp. Aug. 30, 2015