BILL GARRETT, Davidson County
Trans:T20140048156 AFFIDAVITH
Recvd: 07/07/14 13:25 3 pgs
Fees:17.00 Taxes:0.00
20140707-0059464

This instrument prepared by:
Virginia Maria Joan Chaires, Trustee
13245 February Drive
Corona, CA 92879

AFFIDAVIT OF SURVIVING TRUSTEE

TITLE OF DOCUMENT

I, **Virginia Maria Joan Chaires**, 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 July 20, 2004, **Ernest Vidales Chaires** and **Virginia Maria Joan Chaires** executed the **Chaires Family Trust**.
(2) Said trust appointed me to serve as Surviving Trustee upon the death or incapacity of **Ernest Vidales Chaires**.
(3) **Ernest V. Chaires** died on March 23, 2014 at Nashville, Tennessee, a resident of Riverside County, California pursuant to the attached certified copy of the Certificate of Death and is the same person as said **Ernest Vidales Chaires**. Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Trustee.
(4) The following described real property is part of the trust estate:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 153, ON THE PLAN OF ROSEWOOD HEIGHTS, SECTION V, AS SHOWN ON PLAT OF RECORD IN PLAT BOOK 3331, PAGE 39, IN THE REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE. SAID LOT NO. 153 FRONTS 70 FEET ON THE SOUTH SIDE OF POTTER LANE AND RUNS BACK 160 FEET ON THE EAST LINE AND 173 FEET ON THE WEST LINE TO A DEAD LINE ON WHICH IT MEASURES 105.4 FEET.

THIS CONVEYANCE IS SUBJECT TO ANY AND ALL ZONING REGULATION, BUILDING RESTRICTION AND SETBACK LINES, IF ANY, AND EASEMENTS AND RIGHTS FOR PUBLIC UTILITIES APPLICABLE TO THIS PROPERTY.

This is improved property known as: 804 Potter Lane, Nashville, Tennessee 37206

Map and Parcel No.: 083 12 0 121.00

Being the same property conveyed in Quitclaim Deed recorded August 4, 2005 as Document No. 20050804-0091950, said Register's Office

(5) No other person has a right to the interest of the Trust in the described property.
(6) The described property shall be transferred to **Virginia Maria Joan Chaires** as Surviving Trustee.

Witness our hand this 1st day of July, 2014, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

Virginia Maria Joan Chaires

Virginia Maria Joan Chaires, Surviving Trustee

ACKNOWLEDGMENT

STATE OF CALIFORNIA)
COUNTY OF RIVERSIDE) ss

Signed and sworn to (or affirmed) before me on 1st day of July, 2014, by **Virginia Maria Joan Chaires, Surviving Trustee.**

JOHN STRADER - NOTARY PUBLIC

Before Me: _____
NOTARY PUBLIC
My Commission Expires: 12-19-17

NOTARY STAMP/SEAL

JOHN STRADER
COMM. # 2049864
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. DEC 19, 2017

AFFIDAVIT OF VALUE

STATE OF CALIFORNIA)
COUNTY OF RIVERSIDE)

The actual consideration or value whichever is greater, for this transfer is $0.00

Subscribed and sworn to before me this the 1st day of July, 2014

(Affix Seal)

Virginia Maria Joan Chaires

Virginia Maria Joan Chaires, Surviving Trustee

JOHN STRADER - NOTARY PUBLIC

Notary Public
My Commission Expires: 12-19-17

JOHN STRADER
COMM. # 2049864
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. DEC 19, 2017

STATE OF TENNESSEE
Office of Vital Records

1401815

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Ernest V. Chaires
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 23, 2014
4. TIME OF DEATH (Approx.): 5:23 am
5a. AGE-Last Birthday (Years): 62
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 31, 1951
7. BIRTHPLACE (City and State or Foreign Country): Lordsburg, New Mexico

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Vanderbilt University Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Virginia Nijst
11a. DECEDENT'S USUAL OCCUPATION: Self-Employed
11b. KIND OF BUSINESS/INDUSTRY: Restaurant
12. SOCIAL SECURITY NUMBER: [redacted]9700
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: California
13b. COUNTY: Riverside
13c. CITY OR TOWN: Corona
13d. STREET AND NUMBER: 13245 February Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 92879
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[ ] 9th - 12th grade, no diploma
[ ] High school graduate or GED completed
[X] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA,MS,MEng,MEd,MSW,MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

ISDIP

PARENTS

18. FATHER'S NAME (First, Middle, Last): Vicente Chaires
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Dora Vidales

DISPOSITION

20a. INFORMANT'S NAME: Virginia Chaires
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 13245 February Dr., Corona, California 92879
21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory Service
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wayne Berryman
22b. LICENSE NUMBER: 3367
22c. SIGNATURE OF EMBALMER: ▶ N/A
22d. LICENSE NUMBER: N/A
23a. NAME AND ADDRESS OF FUNERAL HOME: Music City Mortuary, 2409 Kline Ave., Nashville, Tennessee 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 1105

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Michael Edwards CR
25. DATE FILED (Month, Day, Year): March 26, 2014

CERTIFIER

26. CERTIFIER (Check only one):
26a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. [ ] MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 44405
27c. DATE SIGNED (Month, Day, Year): 3/26/2014
27d. NAME AND ADDRESS: [illegible] 1161 [illegible], TIZIMAN, NASHVILLE TN 37212

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Acute respiratory failure	3/20-3/23/14
Due to (or as a consequence of): b.	Pneumonia	3/20-3/23/14
Due to (or as a consequence of): c.	Stenotrophomonal methicillin infection	3/20-3/23/14
Due to (or as a consequence of): d.		

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Septic shock, Acute Kidney injury, Lymphoma, H.L.H.

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
32. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

RDA 1390

PH-1659 (Rev. 10/2011)

6440775

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

6440775

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: MAR 28 2014

CERTIFICATION OF VITAL RECORD