Recording Requested by:

Steven G. Ballard
Attorney at Law
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Grass Valley, CA 95949

When recorded mail to:

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Grass Valley, CA 95949

BILL GARRETT, Davidson County
Trans:T20160047873 AFFIDAVIT
Recvd: 06/07/16 10:17 5 pgs
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20160607-0057239

This space for recorders use

MAIL TAX STATEMENTS TO: Shirley Heist- Lexington Point Drive, Nashville, Tn. 37221

MAP & PARCEL		**NEW OWNERS & MAIL TAX BILLS**
42-16	086	Heist Family Trust
42-16	098	C\O Shirley M. Heist
42-16	221	7025 Lexington Dr.
42-16	227	Nashville, Tn. 37221

AFFIDAVIT OF DEATH OF SURVIVING SPOUSE AND SOLE ACTING TRUSTEE

State of California)
) SS.
County of Nevada)

Susan Marie Heist, being of legal age and being first duly sworn, deposes and declares:

That she is the daughter of the decedent, Charles Ambrose Heist, III, who died on December 23, 2015. A certified copy of his death certificate is attached hereto.

That she is the appointed successor sole trustee of the Heist Family Trust agreement dated May 20, 2010 to succeed the surviving spouse, Charles A. Heist, as sole trustee of the Heist Family Trust upon the recent death of Charles.

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Shirley Heist
Lexington Point Dr.,
Nashville, Tn. 37221

That the Heist Family Trust was executed on May 20, 2010 by Charles Ambrose Heist, III and Toshimi Yukawa Heist, husband and wife, to administer both their estates. Toshimi Yukawa Heist died on December 12, 2010. Charles Ambrose Heist, III, as the sole surviving spouse became the sole acting trustee of their trust after Toshimi's death until his recent death.

That Charles Ambrose Heist, III, the decedent mentioned in the attached certified copy of death, is the same person as Charles A. Heist, named as a Co-Settler and as a Co-Trustee of the Heist Family Trust dated May 20, 2010.

That Charles Ambrose Heist, III is also the same person named in that certain QUITCLAIM DEED dated May 20, 2010, which was executed by Charles Ambrose Heist and Toshimi Yukawa Heist to Charles A. Heist and Toshimi as Co-Trustees of the Heist Family Trust dated May 20, 2010.

The Quitclaim deed granting title to the Heist Family Trust was recorded as Instrument No. 20100621-0047932 with the Davidson County recorder on June 21, 2010 in the official records of Davidson County.

Upon Toshimi's death, Charles filed an Affidavit of death of Co-Settlor and Co-Trustee with the Davidson County Recorder's office removing Toshimi's name from title as a Co-Trustee. This document was recorded as Instrument No. 20110324-0022906 on March 24, 2011.

The subject real property is the following described real property in the County of Davidson, State of Tennessee:

More Specifically known as:

A Fifty (50) percent undivided interest in and to:

MAIL TAX STATEMENTS TO:
Shirley Heist
Lexington Point Dr.,
Nashville, Tn. 37221

TRACT I: Land in Davidson County, Tennessee, being described as part of LOT 43 in the plan of Douglas-Levine. Located on Gallatin Pike. (Map 42-16, Parcel Number 86).

TRACT II: Land in Davidson County, Tennessee. being described as part of LOT 36 in the plan of Douglas-Levine. Located on Gallatin Pike. (Map 42-16, Parcel Number 98).

TRACT III: Land in Davidson County, Tennessee, being described as part of LOT 36 in the plan of Douglas-Levine. Located at 212 Gallatin Pike, Nashville, Tennessee. (Map 42-16, Parcel Number 221).

TRACT IV: Land in Davidson County, Tennessee, being described as part of LOT 36 in the plan of Douglas-Levine. Located at 210 Gallatin Pike, Nashville, Tennessee. (Map 42-16, Parcel Number 227).

TOGETHER WITH all Mineral Reservations, easements, rights of way and restrictions of record.

Susan Marie Heist, acting as the sole successor Trustee of this trust, intends by this document to remove the name of the decedent, Charles Ambrose Heist, III, as the current acting trustee of the Heist Family Trust and place herself on title as the current acting sole trustee of the subject real property.

DATED this 28 day of April, 2016.

SUSAN MARIE HEIST

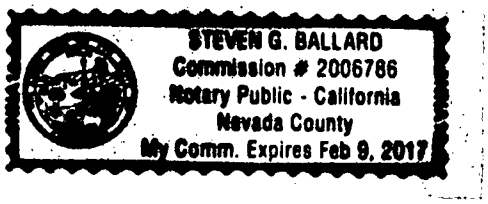
State of California)
) **SS.**
County of Nevada)

MAIL TAX STATEMENTS TO:
Shirley Heist
Lexington Point Dr.,
Nashville, Tn. 37221

Subscribed and sworn to (or affirmed) before me, STEVEN G. BALLARD, a notary public in and for the County of Nevada, State of California, by Susan Marie Heist, on April 28, 2016, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(Signature of Notary)

(NOTARY SEAL)



END OF DOCUMENT

MAIL TAX STATEMENTS TO:
Shirley Heist
Lexington Point Dr.,
Nashville, Tn. 37221

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS
COUNTY OF PLACER
AUBURN, CALIFORNIA 95603

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11(REV.3/06)

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER: 3201531003522

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)
CHARLES	AMBROSE	HEIST

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
07/31/1929	86			M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
TN	[redacted]-6265	[X] YES [ ] NO [ ] UNK	WIDOWED	12/23/2015	0801

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	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
CHIEF PETTY OFFICER	MILITARY	30

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)				
18053 VINTAGE DRIVE				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
GRASS VALLEY	NEVADA	95949	29	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
SUSAN HEIST, DAUGHTER	PO BOX 1855, FREMONT, CA 94538

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP - FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
-			
31. NAME OF FATHER/PARENT - FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
CHARLES	AMBROSE	HEIST JR	TN
35. NAME OF MOTHER/PARENT - FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
CLARA	LEE	TURNER	TN

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
12/30/2015	WOODLAWN MEMORIAL PARK	660 THOMPSON LANE, NASHVILLE, TN 37204

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

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
CHAPEL OF THE HILLS	FD372	ROBERT LEE OLDHAM, MD	12/29/2015

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
WESTVIEW HEALTHCARE CENTER	[ ] IP [ ] EMOP [ ] DOA	[ ] Hospice [X] Nursing Home/LTC [ ] Decedent's Home [ ] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
PLACER	12225 SHALE RIDGE LANE	AUBURN

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)	RESPIRATORY FAILURE	(a1) MINS	[ ] YES [X] NO
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)	ASPIRATION PNEUMONIA	(b1) MINS	109. BIOPSY PERFORMED? [X] YES [ ] NO
(c)		(c1)	110. AUTOPSY PERFORMED? [ ] YES [X] NO
(d)		(d1)	111. USED IN DETERMINING CAUSE? [ ] 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.)	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 (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
11/12/2015	12/22/2015	HARKESH SINGH SANDHU M.D.	A50890	12/28/2015

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
HARKESH SINGH SANDHU M.D.	3781 MONTE SERENO TERRACE, FREMONT, CA 94539

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 / T 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
						010001003120948		

CAPLACER01

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED 12 / 31 / 2015

000465354

ROBERT L. OLDHAM, MD
HEALTH OFFICER AND LOCAL REGISTRAR

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE