RECORDING REQUESTED BY
This instrument was prepared by:
Kevin O'Hara
24422 Avenida de la Carlota, Ste 400
Laguna Hills, CA 92653
AND WHEN RECORDED MAIL TO

Kevin O'Hara
O'Hara & Greco
24422 Avenida de la Carlota, Suite 400
Laguna Hills, CA 92653

MAP: 163
GROUP: 11A
PARCEL: 37

BILL GARRETT, Davidson County
Trans: T20170054591 AFFIDAVITH
Recvd: 06/26/17 14:51 5 pgs
Fees: 27.00 Taxes: 0.00
20170626-0064159

AFFIDAVIT – DEATH OF SPOUSE
(Tenancy By The Entirety)

STATE OF CALIFORNIA)

COUNTY OF LOS ANGELES) ss.

CELIA D. VALDOMAR ("Declarant") is of legal age, being first duly sworn, deposes and state under penalty of perjury under the laws of the State of California that:

1. JOSE S. VALDOMAR ("Decedent"), is the person referenced in the attached certified copy of the Certificate of Death who died on June 2, 2013, at Torrance, Los Angeles County, California.

2. Declarant was legally married to Decedent as of the date of death referenced in the attached Certificate of Death and is the surviving spouse of Decedent.

3. Declarant and Decedent are the same persons who are named as grantees ("Grantees") in that certain Grant Deed dated July 19, 2004, executed by ELIJAH D. NACIONALES and WIFE, JOY NACIONALES, in favor of Grantees vesting title as husband and wife which document was recorded as Instrument No. 20040722-0087687, of official records of Davidson County, State of Tennessee, covering the following described real property situated in the County of Davidson, State of Tennessee (the "Real Property"): Lot No. 37, on the Plan of Third Revision, Section Two, Belle Forge Village, as shown on plat or record in Book 6900, page 250, in the Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more particular description. Being the same property conveyed to Elijah D. Nacionales and wife, Joy Nacionales by Deed of record in Book 8730, Page 441, recorded 09/15/1992, Register's Office for Davidson County, Tennessee. Property Address: 410 Oak Forge Drive, Antioch, TN 37019.

Dated: May 4th, 2017

Declarant:

CDValdomar

CELIA D. ~~VALDOIMAR~~ VAL DOMAR

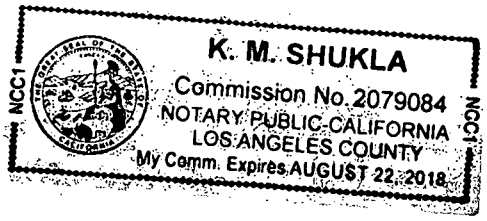
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

STATE OF CALIFORNIA)
)
COUNTY OF LOS ANGELES)

Subscribed and sworn to (or affirmed) before me on this 4th day of May, 2017, by CELIA D. VALDOMAR, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.

K. M. Shukla
Signature of Notary Public



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 4th day of May, 2017, by Celia D. Valdomar,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

K. M. SHUKLA
Commission No. 2079084
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Comm. Expires AUGUST 22, 2018

(Seal)

Signature k. m. Shukla

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013108453 — STATE FILE NUMBER

CERTIFICATE OF DEATH

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

3201319024424 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT–FIRST (Given)	2. MIDDLE	3. LAST (Family)
JOSE	SANTIAGO	VALDOMAR

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
06/19/1928	84			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)
PI	[redacted]-3993	YES [ ] NO [X] UNK [ ]	MARRIED	06/02/2013	1250

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)
BACHELOR	YES [ ] NO [X]	FILIPINO

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
ADMINISTRATOR	MEDICAL	10

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 2831 EAST OCEAN BOULEVARD

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
LONG BEACH	LOS ANGELES	90803	50	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)
CELIA D. VALDOMAR, WIFE	2831 EAST OCEAN BOULEVARD, LONG BEACH, CA 90803

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP*–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
CELIA	D	DAVID	
31. NAME OF FATHER/PARENT–FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
DEMETRIO	-	VALDOMAR	PI
35. NAME OF MOTHER/PARENT–FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
NATALIA	-	SANTIAGO	PI

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
06/08/2013	GREEN HILLS MEMORIAL PARK, 27501 SOUTH WESTERN AVENUE, RANCHO PALOS VERDES, CA 90275

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

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
GREEN HILLS MORTUARY & MEMORIAL CHAPEL INC	FD1175	JONATHAN FIELDING, MD	06/06/2013

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
TORRANCE MEMORIAL MEDICAL CENTER	[X] 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
LOS ANGELES	3330 LOMITA BLVD	TORRANCE

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) CARDIOPULMONARY ARREST	(a1) MINS	[X] YES [ ] 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) WKS	109. BIOPSY PERFORMED? [ ] YES [X] NO
	(c) END STAGE RENAL DISEASE	(c1) YRS	110. AUTOPSY PERFORMED? [ ] YES [X] NO
	(d)	(d1)	111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

CORONER'S CASE NUMBER: 2013-54193

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

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.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
	GRZEGORZ MAJCHER M.D.	A54351	06/05/2013

(A) Decedent Attended Since mm/dd/ccyy	(B) Decedent Last Seen Alive mm/dd/ccyy	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
03/15/2009	06/01/2013	GRZEGORZ MAJCHER, 3858 CARSON STREET SUITE 123, TORRANCE, CA 90503

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
MANNER OF DEATH [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined	[ ] 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
						"010001002370502"		

This is a true certified copy if the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

* H D 3 2 3 6 3 7 7 *

Jonathan E. Fielding MD
Director of Public Health and Registrar

DATE ISSUED
JUN - 5 2013

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

PBNCO (REV) 08/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT A - LEGAL DESCRIPTION

LAND in Davidson County, Tennessee, being Lot No. 37, on the Plan of Third Revision, Section Two, Belle Forge Village, as shown on plat of record in Book 6900, page 230, in the Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more particular description.

Being the same property conveyed to Elijah D Nacionales and wife, Joy Nacionales by Deed of record in Book 8730, Page 441, recorded 09/15/1992, Register's Office for Davidson County, Tennessee.

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; and taxes, for the current year which if prorated have been assumed by the Grantee(s) herein.