Recording requested by:
Geoffrey Moran, Trustee

And when recorded, mail with tax statements to:
Geoffrey Moran
2436 Iron Ridge Court
Santa Maria, CA 93455

Karen Johnson Davidson County
Batch# 449176 AFFIDAVITH
08/04/2020 07:45:42 AM 4 pgs
Fees: $22.00 Taxes: $0.00

20200804-0085674

Map – 091-11-0-N
Parcel 00200CO

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of California

County of Santa Barbara:

Geoffrey H. Moran, of legal age, being first duly sworn, deposes and says:

1. **Ruth Ann Moran**, decedent **10/21/2018**, is the person named as a Trustee in the Declaration of Trust dated **08/21/2009** and executed by **Geoffrey H. & Ruth Ann Moran** as Trustee(s).

2. At the time of the decedent's death, decedent was a record owner, as Co-Trustee, of certain real property commonly known as **711 52nd Avenue North, Nashville, TN, 37209** which property is described in a Warranty Deed which was executed by **Geoffrey H Moran** and **Ruth Ann Moran**, as Grantors on **02/13/2018** and recorded on **2/14/2018** as Instrument **20180214-0014653** of Official Records of the **County of Davidson**, **Tennessee**. The decedent spouse mentioned in the attached certified copy of Certificate of Death, received title as **Grantee/Co-Trustee**.

3. The legal description of said property is as follows:

   Attached as Exhibit A and Incorporated by Reference

4. I am the **Surviving Trustee/Spouse** under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to continue to act as such.

5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

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

Dated 7/25/20

Geoffrey H. Moran, Settlor and Trustee

NOTARY ACKNOWLEDGMENT FOLLOWS ON SEPARATE PAGE

Mail Tax statements as indicated above.

EXHIBIT A

Map – 091-11-0-N
Parcel 00200CO

Land in Davidson County, Tennessee, being Unit No. B on the plan of 5201 Indiana Avenue Homes, as of record as Exhibit B to the Declaration of Covenants, Conditions and Restrictions for 5201 Indiana Avenue Homes, of record as Instrument 20160913-0095935, Registrar's Office for Davidson County, Tennessee, as amended by Supplement and Amendment No. 1 to said Declaration, of record as Instrument No. 20160914-0096591, Registrar's Office for Davidson County, Tennessee.

Being the same property conveyed to Jeff Estepp, LLC by Quitclaim deed from Jeff Estepp of record In Instrument No. 20160923-0100307 Registrar's Office for Davidson County, Tennessee, dated September 22, 2016 and recorded on September 23, 2016.

Subject to: (1) the Covenants, Conditions and Restrictions of record in Instrument No. 20160913-0095935 and as amended by Supplement and Amendment No. 1 to said Declarations of record as Instrument No. 20160914-0096591, Registrar's Office for Davidson County, Tennessee: (2) all easements of record; (3) All visible easements; (4) All matters appearing on the plan of Record; (5) All applicable governmental and zoning regulations.

Property commonly known as **711 52nd Avenue North, Nashville, TN, 37209**

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
PUBLIC HEALTH DEPARTMENT

3052018215861 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 2/16)

3201842002635 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given)	2. MIDDLE	3. LAST (Family)
RUTH	ANN	MORAN

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST): RUTH ANN SCHWEYER

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6. SEX
10/25/1943	74					F

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)
OH	-6969	☐ YES ☒ NO ☐ UNK	MARRIED	10/21/2018	1751

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)
PROFESSIONAL	☐ 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
CLERGY	RELIGION	45

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location) – 1217 STONEBROOK DR.

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
LOMPOC	SANTA BARBARA	93436	11	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)
SARAH BARTHEL, DAUGHTER	2310 MARAVILLA, LOMPOC, CA 93436

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP – FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
GEOFFREY	HUNTER	MORAN	
31. NAME OF FATHER/PARENT – FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
ERNEST	EARL	SCHWEYER	OH
35. NAME OF MOTHER/PARENT – FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
NADA	MARIE	SHAFER	OHIO

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
10/26/2018	FAMILY RESIDENCE	1041 SMITH RD ASHLAND, OH 44805

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

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
SIMPLY REMEMBERED CREMATION CARE	FD2113	▸ CHARITY DEAN, MD, MPH	10/26/2018

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
SANTA BARBARA COTTAGE HOSPITAL	☒ 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
SANTA BARBARA	400 WEST PUEBLO STREET	SANTA BARBARA

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 ARREST	(A1) MINS	☒ YES ☐ NO — CORONER'S CASE NUMBER: CNR-18-0581
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) DAYS	109. BIOPSY PERFORMED? ☐ YES ☒ NO
	(C)	(C1)	110. AUTOPSY PERFORMED? ☐ YES ☒ 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: LISTERIA, MENINGITIS

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
10/21/2018	10/21/2018	▸ JEFFREY SEYMOUR SAGER M.D.	A98918	10/25/2018

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: JEFFREY SEYMOUR SAGER M.D. 2403 CASTILLO ST STE 206, SANTA BARBARA, CA 93105

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	A	B	C	D	E	*01000100402071 5*	FAX AUTH.#	CENSUS TRACT

00051637 0

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA } SS.

DATE ISSUED
OCT 29 2018

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

CHARITY DEAN, M.D.
HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIA

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

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1 *Signature of Document Signer No. ~~2 (if any)~~*

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 Santa Barbara

Subscribed and sworn to (or affirmed) before me on this 25th day of July, 2020,
by Date Month Year
(1) Geoffry H. Moran
(and (2)), *Name(s) of Signer(s)*
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

JAMES A. DENTON
Notary Public – California
Santa Barbara County
Commission # 2183456
My Comm. Expires Mar 14, 2021

Place Notary Seal Above

Signature _____
Signature of Notary Public

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit **Document Date:** 7/25/20

Number of Pages: 3 **Signer(s) Other Than Named Above:** None

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