Karen Johnson Davidson County
Batch# 544742 DEEDQC
01/04/2021 02:48:10 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20210104-0000834

QUITCLAIM DEED

MAIL RECORDED DEED TO:

LAURA LANCHESTER
MITCHELL SILBERBERG & KNUPP LLP
2049 CENTURY PARK EAST, 18TH FLOOR
LOS ANGELES, CA 90067

OWNER (SEND TAX BILLS TO):

1901 HAYES, LLC
9440 SANTA MONICA BOULEVARD SUITE 610
BEVERLY HILLS, CA 90210

FOR NO CONSIDERATION ($0.00) JAMES L. KRASNE, TRUSTEE, under THE GUILFORD GLAZER NON-EXEMPT MARITAL TRUST dated May 15, 1984 (herein, "Grantor"), whose address is 9440 Santa Monica Boulevard Suite 610, Beverly Hills, CA 90210, hereby bargains, sells, remises, releases, quit claims and conveys to 1901 HAYES, LLC, a Delaware limited liability company (herein, "Grantee"), whose address is 9440 Santa Monica Boulevard Suite 610, Beverly Hills, CA 90210, all of Grantor's interest in and to the following described real property located in Davidson County, State of Tennessee:

SEE EXHIBIT A ATTACHED HERETO.

Property street address: 1901 Hayes Street, Nashville, TN 37203

No recordation tax is due on this transaction pursuant to T.C.A. Section 67-4-409(a)(4) as it is a transfer by quitclaim deed for no consideration.

WITNESS my hand and seal this 2ND day of DECEMBER, 2020.

PIN NO: 092-160-0096.00

This Instrument Prepared By: RAVEN PERRY-BEACH, ESQ.
C/O U.S. DEEDS, P.A.
423 LITHIA PINECREST ROAD
BRANDON, FL 33511

GRANTOR:

The Guilford Glazer Non-Exempt Marital Trust dated May 15, 1984

James L. Krasne, Trustee

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)

On December 2, 2020 before me, Veronica Mendez, Notary Public
(insert name and title of the officer)

personally appeared James L Krasne, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is~~/are subscribed~~ to the within instrument and acknowledged to me that he~~/she/they~~ executed the same in his~~/her/their~~ authorized capacity~~(ies)~~, and that by his~~/her/their~~ signature(s) on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Veronica M (Seal)

VERONICA MENDEZ
Notary Public - California
Los Angeles County
Commission # 2297379
My Comm. Expires Jul 18, 2023

OATH OF CONSIDERATION

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

The actual consideration for this transfer is $0.00.

Grantee:

1901 Hayes, LLC, a Delaware limited liability company

By: _____
Printed Name: JAMES L. KRASNE
Title: PRESIDENT

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 2 day of December, 2020, by James L. Krasne, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Witness my hand and official seal.

Veronica M
Signature of Notary Public

[Affix Notary Seal]

VERONICA MENDEZ
Notary Public - California
Los Angeles County
Commission # 2297379
My Comm. Expires Jul 18, 2023

EXHIBIT A

[Legal Description]

SITUATED IN THE TWENTY FIRST CIVIL DISTRICT OF DAVIDSON COUNTY TENNESSEE within the corporate limits of the City of Nashville, Tennessee and being designated as Part of Lot 151 of the Boyd Home Tract as shown on the plat of the same of record in Book 21 page 39 in the Register's Office for Davidson County, Tenn. and
Being more particularly described as follows:

Beginning at the southwest corner of Hayes Street and 19th Avenue North, formerly Douglas Avenue and running thence westwardly along the south margin of Hayes Street, 50 feet to a point; thence running southwardly at right angles to Hayes Street, and on a line parallel to 19th Avenue North, formerly Douglas Avenue, 139 feet to a point; thence running eastwardly on a line parallel to Hayes Street, 50 feet to a point on the line of 19th Avenue North, formerly Douglas Avenue, thence running northwardly with the western line of 19th Avenue North, formerly Douglas Avenue, 139 feet to the point of beginning.

SOURCE OF DESCRIPTION AND GRANTOR'S EQUITABLE INTEREST:

Previous and last conveyance; the same being a deed to the within Grantor recorded in the Register's Office for Davidson County, Tennessee, as Instrument No. 20160719-0074126 July 19, 2016.

PIN NO: 092-160-0096.00

STREET ADDRESS:

1901 Hayes Street, Nashville, TN 37203

The parties herein confirm and agree by their signatures above and/or acceptance of this document that the preparer of this document has not advised the parties on the propriety or suitability of the conveyance; has been engaged solely for the purpose of preparing this instrument; has prepared the instrument only from information given to preparer by the parties and/or their representatives; has not verified the accuracy of the consideration stated to have been paid or upon which any tax may have been calculated; has not verified the legal existence or authority of any party or person executing the document; has not been requested to provide nor has preparer provided a title search, an examination of title or legal description, an opinion on title, legal review or advice of any sort, or advice on property taxes, reassessments, other taxes or the tax, legal or non-legal consequences that may arise from the conveyance; and that they agree to hold harmless, indemnify and defend the preparer from and against any and all losses, liabilities, claims, demands, actions, suits, proceedings, and costs of every nature arising therefrom. The parties herein further agree at any time, and from time to time, to cooperate, adjust, initial, execute, re-execute and re-deliver such further deeds and documents, correct any defect, error or omission and do any and all such further things as may be necessary to implement and carry out the intent of the parties in making this conveyance. Preparer shall not be liable for any consequences arising from modifications to this document not made or approved by preparer.

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052019082416 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 3/08)

3201919018592 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT- FIRST (Given)	2. MIDDLE	3. LAST (Family)
DIANE	PREGERSON	GLAZER

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
09/07/1925	93					F

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/RDP* (at Time of Death)	13. DATE OF DEATH mm/dd/ccyy	14. HOUR (24 Hours)
CA	-0946	☐ YES ☒ NO ☐ UNK	WIDOWED	04/19/2019	1022

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	WHITE

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
ATTORNEY	LAW	50

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 601 MOUNTAIN DR.

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
BEVERLY HILLS	LOS ANGELES	90210	93	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)
ERIKA GLAZER, DPOA	9663 SANTA MONICA BLVD. #212, BEVERLY HILLS, CA 90210

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP- FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
-	-	-	
31. NAME OF FATHER/PARENT- FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
ABRAHAM	-	PREGERSON	UNK
35. NAME OF MOTHER/PARENT- FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
BESSIE	-	UNK	UNK

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
04/23/2019	HILLSIDE MEMORIAL PARK 6001 CENTINELA AVE., LOS ANGELES, CA 90045

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
MALINOW AND SILVERMAN MORTUARY	FD487	▶ MUNTU DAVIS, M.D.	04/22/2019

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	104. COUNTY
RESIDENCE	☐ ER ☐ IPOP ☐ OOR	☐ Hospice ☐ Nursing Home/LTC ☒ Decedent's Home ☐ Other	LOS ANGELES

105. FACILITY ADDRESS OR LOCATION (Street and number, or location)	106. CITY
601 MOUNTAIN DR.	BEVERLY HILLS

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter only one cause per line. (a) Immediate cause (Final disease or condition resulting in death): (a) CARDIOPULMONARY ARREST — Time Interval Between Onset and Death: (b) MINS

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) ALZHEIMER'S DISEASE — (b1) YRS
(c) — (c1)
(d) — (d1)

108. DEATH REPORTED TO CORONER?	109. BIOPSY PERFORMED?	110. AUTOPSY PERFORMED?	111. USED IN DETERMINING CAUSE?
☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO	☐ 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 ITEMS 107 OR 109? (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. Decedent Attended Since (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy	115. SIGNATURE AND TITLE OF CERTIFIER
04/17/2019	04/19/2019	▶ POOYA MOBASSERI D.O.

116. LICENSE NUMBER	117. DATE mm/dd/ccyy
20A10982	04/19/2019

118. TYPE/ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
POOYA MOBASSERI D.O. 15130 VENTURA BLVD. STE 304, SHERMAN OAKS, CA 91403

CORONER'S USE ONLY

118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined

120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
☐ 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	*0100010041962B6*	FAX AUTH.#	CENSUS TRACT

CALOSANGD1

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

002039196

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

DO 18, MD
Health Officer and Registrar

DATE ISSUED: APR 23 2019

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