Karen Johnson Davidson County
Batch# 869009 DEEDWARRSP
06/09/2022 11:15:30 AM 8 pgs
Fees: $42.00 Taxes: $0.00
20220609-0065825

SPECIAL WARRANTY DEED

MAIL RECORDED DEED TO:

RITA M DIAZ, ESQ.
HAHN & HAHN LLP
301 E. COLORADO BOULEVARD
NINTH FLOOR
PASADENA, CA 91101

OWNER (SEND TAX BILLS TO):

NICHOLAS DI FRUSCIA, TRUSTEE
3933 CUMBERLAND AVENUE
LOS ANGELES, CA 90027

FOR AND IN NO CONSIDERATION, NICHOLAS DI FRUSCIA, SUCCESSOR TRUSTEE, under the CHRISTOPHER C. BOUTELLE LIVING TRUST dated June 12, 2001 (herein, "Grantor"), whose address is 3933 Cumberland Avenue, Los Angeles, CA 90027, hereby sells, transfers and conveys to NICHOLAS DI FRUSCIA, TRUSTEE, or any successors in trust, under the CHRISTOPHER C. BOUTELLE LIVING TRUST dated June 12, 2001 and any amendments thereto, a Revocable Trust (herein, "Grantee"), whose address is 3933 Cumberland Avenue, Los Angeles, CA 90027, 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: 169 Painter Drive, Antioch, TN 37013-1592

TO HAVE AND TO HOLD said real estate, with all and singular the hereditaments and appurtenances of and to the same belonging or in anywise appertaining to the said Grantee and the said Grantee's heirs, successors and assigns, forever.

AND the Grantor for the Grantor and Grantor's heirs, representatives, successors and assigns, does covenant and agree to and with Grantee and Grantee's heirs, successors and assigns, that Grantor is lawfully seized in fee of the aforesaid premises; that the same are free of all encumbrances except those appearing of record; that Grantor has good right to sell and convey the same to Grantee as aforesaid; and that the before granted premises Grantor will warrant and forever defend against any persons whomsoever lawfully claiming or to claim the same or any part thereof by and through Grantor.

This transaction is exempt from recordation tax pursuant to T.C.A. Section 67-4-409(a)(3)(F) as it is a transfer to a revocable living trust.

PIN NO: 150-15-0B-069-00

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

WITNESS my hand and seal this 20 day of May, 2022.

GRANTOR:

Christopher C. Boutelle Living Trust dated June 12, 2001

Nicholas Di Fruscia, Successor Trustee

STATE OF _____
COUNTY OF _____

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, Nicholas Di Fruscia, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that such person is the trustee of Christopher C. Boutelle Living Trust, and that that the foregoing instrument was executed on behalf of said trust pursuant to due authority for the purposes therein contained.

Witness my hand and official seal this _____ day of _____, 20___.

[Affix Notary Seal]

_____
SIGNATURE OF NOTARY PUBLIC
My commission expires: _____

See attached Acknowledgment

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 May 20, 2022, before me, Ann Ha, a Notary Public, personally appeared Nicholas Di Fruscia, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person 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 _____

ANN HA
Notary Public - California
Los Angeles County
Commission # 2391704
My Comm. Expires Jan 26, 2026

OATH OF CONSIDERATION

STATE OF _____
COUNTY OF _____

The actual consideration or value, whichever is greater, for this transfer is ZERO DOLLARS ($0.00).

Grantee:

Christopher C. Boutelle Living Trust dated June 12, 2001

_____
Nicholas Di Fruscia, Trustee

Subscribed and sworn to under oath before me, this _____ day of _____, 20___ by Nicholas Di Fruscia, as Trustee of Christopher C. Boutelle Living Trust dated June 12, 2001.

[Affix Notary Seal]

_____
SIGNATURE OF NOTARY PUBLIC
My commission expires: _____

See attached Jurat

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 20th day of May, 2022, by Nicholas Di Fruscia, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

ANN HA
Notary Public - California
Los Angeles County
Commission # 2391704
My Comm. Expires Jan 26, 2026

Signature _____

EXHIBIT A

[Legal Description]

Being known as all of Lot Number Sixty-Nine (69) of the final plat Edison Park (formerly Painter), "Cluster Lot Subdivision", as the same appears of record in Instrument Number 20060726-0090090, of the Registrar's Office of Davidson County, Tennessee, to which Plat reference is hereby made for more complete details of location and description of said lot.

SOURCE OF DESCRIPTION AND GRANTOR'S EQUITABLE INTEREST:

Previous and last conveyance; the same being a deed to the within Christopher C. Boutelle, Trustee under the Christopher C. Boutelle Living Trust dated June 12, 2001 recorded in the Register's Office for Davidson County, Tennessee, as Instrument No. 20190812-0080030 on August 12, 2019. Pursuant to the terms of the trust, upon the death of Christopher C. Boutelle, which occurred on November 22, 2021, Nicholas Di Fruscia became the successor trustee.

PIN NO: 150-15-0B-069-00

STREET ADDRESS: 169 Painter Drive, Antioch, TN 37013-1592

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.

22-069406 (HW)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052021301113 — STATE FILE NUMBER

CERTIFICATE OF DEATH

3202119070027 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Surname)
CHRISTOPHER	CURTIS	BOUTELLE

4. DATE OF BIRTH (mm/dd/yyyy)	5. AGE (in years)	6. IF UNDER 1 YEAR (Months / Days)	6. IF UNDER 24 HOURS (Hours / Minutes)	7. SEX
09/02/1946	75			M

8. BIRTH (CITY/STATE/FOREIGN COUNTRY)	9. SOCIAL SECURITY NUMBER	10. EVER IN U.S. ARMED FORCES?	11. MARITAL STATUS (Single, Married, Widowed, Divorced, Registered Domestic Partner)	12. DATE OF DEATH (mm/dd/yyyy)	13. HOUR OF DEATH (24 hours)
NY	-2642	[X] NO	NEVER MARRIED	11/22/2021	1744

14. EDUCATION (Highest level completed before death)	14. IS DECEDENT HISPANIC, LATINO/A/X? (If yes, see instructions on back)	15. THE DECEDENT WAS (Up to 3 races may be listed; see instructions on back)
BACHELOR	[ ] YES [X] NO	CAUCASIAN

16. USUAL OCCUPATION (Type of work for most of life. DO NOT USE RETIRED)	17. KIND OF BUSINESS/INDUSTRY	18. YEARS IN OCCUPATION
BEST BOY GRIP	MOTION PICTURES	30

USUAL RESIDENCE

19. DECEDENT'S RESIDENCE (Street and number, or location)				
1722 HOLLYVISTA AVE				
20. CITY	**21. COUNTY/PROVINCE**	**22. ZIP CODE**	**23. YEARS IN COUNTY**	**24. STATE/FOREIGN COUNTRY**
LOS ANGELES	LOS ANGELES	90027	50	CA

INFORMANT

25. INFORMANT'S NAME, RELATIONSHIP	26. MAILING ADDRESS (Street and number or rural route number, City or town, State and ZIP)
NICHOLAS DI FRUSCIA, NEPHEW	3933 CUMBERLAND AVE, LOS ANGELES, CA 90027

SPOUSE/DOMESTIC PARTNER AND PARENT INFORMATION

27. NAME OF SURVIVING SPOUSE/DOMESTIC PARTNER - FIRST	28. MIDDLE	29. LAST (Birth name)	30. BIRTH STATE
-	-	-	
31. NAME OF FATHER/PARENT - FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
WILLIAM	EUGENE	BOUTELLE	NY
35. NAME OF MOTHER/PARENT - FIRST	**36. MIDDLE**	**37. LAST (Birth name)**	**38. BIRTH STATE**
SARA	STRATTON	HOLMES	NY

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE (mm/dd/yyyy)	40. PLACE OF FINAL DISPOSITION
12/13/2021	RESIDENCE OF NICHOLAS DI FRUSCIA 3933 CUMBERLAND AVE, LOS ANGELES, CA 90027

41. TYPE OF DISPOSITION (Burial)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CREMATE/RESIDENCE	▸ NOT EMBALMED	-

44. NAME OF FUNERAL FACILITY (Licensed)	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE (mm/dd/yyyy)
ASHES TO ASHES CORPORATION	FD2350	▸ MUNTU DAVIS MD	12/08/2021

PLACE OF DEATH

100. PLACE OF DEATH	100a. IF HOSPITAL, SPECIFY CODE	100b. IF OTHER THAN HOSPITAL, SPECIFY ONE
VEHICLE	[ ] ER [ ] IP [ ] DOA	[ ] Residence [ ] Nursing Home [ ] Convalescent Home [X] Other

101. COUNTY	102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	103. CITY
LOS ANGELES	SAN FERNANDO ROAD, WEST OF SEPULVEDA BLVD	GRANADA HILLS

CAUSE OF DEATH

107. CAUSE OF DEATH		Time interval between Onset and Death	108. DEATH REPORTED TO CORONER?	
PART I. Immediate cause (final disease or condition resulting in death) →	a. MULTIPLE BLUNT FORCE INJURIES	MO: RAPID	[X] YES [ ] NO	2021-12839
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.		109. AUTOPSY PERFORMED? [ ] YES [X] NO	
	c.		110. AUTOPSY PERFORMED? [ ] YES [X] NO	
	d.		111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO	

112. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT NOT RELATED IN THE UNDERLYING CAUSE GIVEN IN 107)
ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE, HYPERTENSION

113. WAS THERE AN AUTOPSY PERFORMED OR ANY CONDITIONS IN ITEM 107 OR 112 EVALUATED BY AUTOPSY? (If yes, see type of examination and date.)	114. IF FEMALE, PREGNANT IN LAST YEAR?
NO	[ ] YES [X] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED	117. SIGNATURE AND TITLE OF CERTIFIER	118. LICENSE NUMBER	119. DATE (mm/dd/yyyy)
Decedent Attended Since: Decedent Last Seen Alive: (A) mm/dd/yyyy (B) mm/dd/yyyy	▸		
	119a. TYPE OF LICENSE (MD, DO) NAME, MAILING ADDRESS, ZIP CODE		

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE(S) STATED	120. INJURED AT WORK?	121. INJURY DATE (mm/dd/yyyy)	122. HOUR (24 hours)
MANNER OF DEATH: [ ] Natural [X] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined	[ ] YES [X] NO [ ] UNK	11/22/2021	1710

123. PLACE OF INJURY (e.g., home, construction site, residential area, etc.)
OTHER: VEHICLE

124. DESCRIBE HOW INJURY OCCURRED (Example: Fell from ladder)
AUTOBILE (DRIVER) VERSUS AUTOMOBILE

125. LOCATION OF INJURY (Street and number or location; and city and zip)
SAN FERNANDO ROAD, WEST OF SEPULVEDA BLVD, GRANADA HILLS, CA 91344

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE (mm/dd/yyyy)	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
▸ REGINA AUGUSTINE	12/07/2021	REGINA AUGUSTINE, DEP CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT

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

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.

003213200

Health Officer and Registrar, MD

DATE ISSUED DEC 16 2021

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

202206090065825

Certificate of Authenticity

I, Janna M. Lindstrom, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on 05-20-2022.

Date

Janna M. Lindstrom

Affiant Signature

05/20/2022

Date

State of Florida

County of Polk

Sworn to and subscribed before me this 20th day of May, 20 22.

Dorene J Royal

Notary's Signature

My Commission Expires: 07/06/2025

Date

Notary's Seal (if on paper)

DORENE JOY ROYAL
Notary Public - State of Florida
Commission # HH 149686
My Comm. Expires Jul 6, 2025
Bonded through National Notary Assn.