Karen Johnson Davidson County
Batch# 927179 AFFIDAVIT
10/10/2022 09:10:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20221010-0110969

Tennessee Certification of Electronic Document

I, Gerald W. Cummings, 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 July 29, 2022 (date of document).

Affiant Signature

10-7-2022
Date

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 2_____.

Notary's Signature

MY COMMISSION EXPIRES:_____

NOTARY'S SEAL

SEE ATTACHED
CALIFORNIA
NOTARIZATION
R.A 10/07/2022

CALIFORNIA JURAT CERTIFICATE

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 Clara

Subscribed and sworn to (or affirmed) before me on this 7th day of October, 2022, by Gerald William Cummings proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ (Seal)

RONA MAE ALBESA
COMM. #2384220
Notary Public - California
Santa Clara County
My Comm. Expires Nov. 22, 2025

NRO1 NRO1

RECORDING REQUESTED BY:
DANIEL STEVEN MCCOY
WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:

Daniel McCoy
1767 Willowhurst Avenue
San Jose, CA 95125

THIS SPACE FOR RECORDER'S USE ONLY

APN: 155-08-0B-066-00

AFFIDAVIT--DEATH OF CO-TRUSTEE

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA CLARA)

DANIEL STEVEN MCCOY, of legal age, being first sworn, deposes and says:

That TAMA POWERS MCCOY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Tama Powers McCoy, named as a Co-Trustee in that certain unrecorded trust agreement dated August 9, 2021, entitled the Tama and Daniel McCoy Living Trust, executed by Tama Powers McCoy and Daniel Steven McCoy, and which Trust was named as the Grantee in that certain Quitclaim Deed, dated January 20, 2022 and recorded on February 9, 2022 in the Office of the Recorder of the County of Davidson, State of Tennessee, as Document No. 20220209-0015239 of Official Records, relating to the real property located in said County and more particularly described as:

> Land in Davidson County, Tennessee, being Lot No. 66 on the Plan of Phase 1 of South Colony at Riverbend of record in Plat Book 6900, Page 271, in the Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description of the property.

That said trust provides that at the death of Tama Powers McCoy, DANIEL STEVEN MCCOY shall act as the sole trustee.

Executed on July 29, 2022, in Santa Clara County, California.

DANIEL STEVEN MCCOY

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 CLARA

SUBSCRIBED AND SWORN TO (or affirmed) before me on July 29, 2022, by DANIEL STEVEN MCCOY, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

K. F. Cooper
NOTARY PUBLIC

K. F. COOPER
COMM. # 2248776
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
MY COMM. EXP. AUG. 1, 2022

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

3052022049506 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 2/08)

3202243001810 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given)	2. MIDDLE	3. LAST (Family)
TAMA	ANN POWERS	MCCOY

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST): TAMA POWERS TAPPAN

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6. SEX
01/27/1954	68					F

8. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/RDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
TX	-2602	☐ YES ☒ NO ☐ UNK	MARRIED	02/24/2022	0925

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	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
SALES AND TEACHER	MUSIC AND LITERACY	30

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 1767 WILLOWHURST AVENUE

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
SAN JOSE	SANTA CLARA	95125	6	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)
DANIEL STEVEN MCCOY, HUSBAND	1767 WILLOWHURST AVENUE, SAN JOSE, CA 95125

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP* – FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
DANIEL	STEVEN	MCCOY	
31. NAME OF FATHER/PARENT – FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
DONALD	CARL	POWERS	OK
35. NAME OF MOTHER/PARENT – FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
PHYLLIS	ANN	MOSER	IN

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
03/04/2022	RES OF DANIEL STEVEN MCCOY 1767 WILLOWHURST AVENUE, SAN JOSE, CA 95125	
41. TYPE OF DISPOSITION(S)	**42. SIGNATURE OF EMBALMER**	**43. LICENSE NUMBER**
CREMATE/RESIDENCE	▸ NOT EMBALMED	-
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER**	**46. SIGNATURE OF LOCAL REGISTRAR**
NEPTUNE SOCIETY OF CENTRAL CALIFORNIA	FD1322	▸ SARA H. CODY, MD

47. DATE mm/dd/ccyy: 03/01/2022

PLACE OF DEATH

101. PLACE OF DEATH: RESIDENCE

102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA

103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☐ 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 CLARA	1767 WILLOWHURST AVENUE	SAN JOSE

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
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(A) BREAST CANCER	(AT) YRS
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)	(BT)
	(C)	(CT)
	(D)	(DT)

108. DEATH REPORTED TO CORONER? ☐ YES ☒ NO — REFERRAL NUMBER

109. BIOPSY PERFORMED? ☐ YES ☒ NO

110. AUTOPSY PERFORMED? ☐ YES ☒ NO

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.): NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ 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
02/25/2021	02/23/2022

115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
▸ MING-GUI PAN, MD	A64776	02/28/2022

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: MING-GUI PAN, MD 710 LAWRENCE EXPRESSWAY, SANTA CLARA, CA 95051

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

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SANTA CLARA }

DATE ISSUED
By
03/07/2022

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

H 3 5 8 5 5 2 2 8

SARA H. CODY
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

FBNCO (Rev) 4/3/15

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE