Prepared By:

Blackstock & Barsell, P.C.
1855 San Miguel Drive, Suite 17
Walnut Creek, CA 94596

Send Tax Bills:

Nancy Post Hunter, Trustee
1072 Hacienda Drive
Walnut Creek, CA 94598

Karen Johnson Davidson County
Batch# 961755 AFFIDAVIT
01/17/2023 02:21:50 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20230117-0003784

Space Above This Line for Recorder's Use

AFFIDAVIT OF DEATH

STATE OF CALIFORNIA

Map-Parcel Number 105-14-C-712.00

CONTRA COSTA COUNTY

NANCY POST HUNTER, Successor Trustee of the CAMPBELL & NANCY HUNTER TRUST, residing at 1072 Hacienda Drive, County of Contra Costa, City of Walnut Creek, State of California hereby affirms the following:

CAMPBELL MACLAURIN HUNTER the decedent named in the attached certified copy of Certificate of Death, is the same CAMPBELL M. HUNTER named as one of the cotrustees in the Warranty Deed dated December 2, 2015, executed by MICHAEL R. HICKEY AND JESSICA L. HICKEY, to CAMPBELL M. HUNTER AND NANCY POST HUNTER, as Trustees of the CAMPBELL & NANCY HUNTER TRUST dated April 4, 2011, recorded on December 14, 2015, as Instrument No. 20151214-0125544, referring to the following real estate, situated in Davidson County, State of Tennessee, described as follows, to wit:

SEE EXHIBIT A FOR LEGAL DESCRIPTION

This is improved property located at 2310 Elliott Avenue, #712, Nashville, TN 3720

IN WITNESS WHEREOF, Declarant has executed and delivered this Affidavit of Death under seal as of January 6, 2023.

NANCY POST HUNTER

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 CONTRA COSTA

Subscribed and sworn to (or affirmed) before me on this 6th day of January, 2023, by NANCY POST HUNTER, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public

LIZ A. BARSELL
COMM. # 2325384
NOTARY PUBLIC - CALIFORNIA
CONTRA COSTA COUNTY
COMM. EXPIRES APR. 20, 2024

My Commission Expires: 04/20/24

Exhibit A

Being a certain condominium apartment situated in Davidson County, Tennessee, being Unit No. 712, as specified on the Plat shown in the Master Deed, on the Plan of The park at Melrose Condominiums, a Horizontal Property Regime, created under Title 66, Section 27-101, et seq., as amended, Tennessee Code Annotated, and as established by a Master Deed for The Park at Melrose Condominiums, of record under Instrument No. 20070917-0110745, Register's Office for Davidson County, Tennessee, including, without limitation, the By-Laws appended thereto, said Register's Office, together with the undivided percentage interest in the Common Elements appurtenant to said Unit, as set forth in said Master Deed. Reference is hereby made to the plan of The Park at Melrose Condominiums shown on Exhibit to said Master Deed for further identification and placement of such Unit.

Being the same property conveyed to Michael R. Hickey, unmarried by Warranty Deed from Kristin Ancell, unmarried, dated September 29, 2011, recorded October 4, 2011, of record in Instrument No. 20111004-0076656, Register's Office for Davidson County, Tennessee.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052022256045 — STATE FILE NUMBER

CERTIFICATE OF DEATH

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

3202207007136 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
CAMPBELL	MACLAURIN	HUNTER

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
06/10/1953	69			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)
MI	570-72-0479	YES [X] NO UNK	MARRIED	11/01/2022	1704

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 [X] 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
TEACHER	PUBLIC HIGH SCHOOL EDUCATION	21

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 1072 HACIENDA DRIVE

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
WALNUT CREEK	CONTRA COSTA	94598	65	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)
NANCY HUNTER, WIFE	1072 HACIENDA DRIVE, WALNUT CREEK, CA 94598

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
NANCY	WHELAN	POST	
31. NAME OF FATHER/PARENT–FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
STEPHEN	ALDEN	HUNTER	MI
35. NAME OF MOTHER/PARENT–FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
JUDITH	JANE	MACKENZIE	MI

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE / mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
11/08/2022	RES. NANCY HUNTER 1072 HACIENDA DRIVE, WALNUT CREEK, CA 94598	

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	47. DATE mm/dd/ccyy
HULL'S WALNUT CREEK CHAPEL	FD250	▶ ORI TZVIELI, MD	11/08/2022

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS	IP [X] 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
CONTRA COSTA	1601 YGNACIO VALLEY ROAD	WALNUT CREEK

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) CEREBROVASCULAR ACCIDENT	(AI) WKS	[X] YES NO REFERRAL NUMBER 2022-5788
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) PANCREATIC CANCER METASTASIZED TO LIVER	(BI) WKS	109. BIOPSY PERFORMED? YES [X] NO
	(C)	(CI)	110. AUTOPSY PERFORMED? YES [X] NO
	(D)	(DI)	111. USED IN DETERMINING CAUSE? YES NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: DEEP VEIN THROMBOSIS

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	113a. DECEDENT PREGNANT IN LAST YEAR?
NO	YES [X] 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
	▶ CHANDA BANWAT, MD	A116373	11/08/2022

Decedent Attended Since (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
02/13/2019	09/19/2022	CHANDA BANWAT, MD 1505 ST. ALPHONSUS WAY, ALAMO, CA 94507

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	120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
Natural, Accident, [X] 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

CACONTRA01

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

DATE ISSUED 11/10/2022

000036569

Ori Tzvieli MD

ORI TZVIELI, MD
HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE