INSTRUMENT PREPARED BY:
Alvis Quashnock and Associates A PC
613 First Street, Suite 202
Brentwood, CA 94513

Karen Johnson Davidson County
Batch# 981268 **AFFIDAVIT**
03/16/2023 08:38:38 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20230316-0018909

WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:
Barbara Guise, Trustee
189 Sherwood Drive
Brentwood, CA 94513

THIS SPACE FOR RECORDER'S USE ONLY

APN: 172-08-0A-079-00

AFFIDAVIT--DEATH OF CO-TRUSTEE

STATE OF CALIFORNIA)
COUNTY OF Contra Costa)

BARBARA GUISE, of legal age, being first sworn, deposes and says:

That VINCENT LYON GUISE, JR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Vincent Guise, named as a Co-Trustee in that certain unrecorded trust agreement, The 1998 Vincent Guise and Barbara Guise Revocable Trust, dated September 3, 1998, executed by Vincent Guise and Barbara Guise, and which Trust was named as the Grantee in that certain Grant Deed, dated April 21, 2006, and recorded on December 19, 2006, in the Office of the Recorder of the County of Davidson, State of Tennessee, as Document No. 20061219-0155953 of Official Records, relating to the real property located in said County and more particularly described in Exhibit "A" (attached hereto and incorporated herein by reference).

That said trust currently provides that at the death of Vincent Guise, BARBARA GUISE and VINCENT GUISE, III, shall act as co-Trustees.

Executed on March 3, 2023, in Contra Costa County, California.

Barbara Guise
BARBARA GUISE

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 March 3, 2023, by BARBARA GUISE, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Denise O'Co
NOTARY PUBLIC

DENISE O'CONNELL
COMM. #2372283
Notary Public - California
Contra Costa County
My Comm. Expires Aug. 25, 2025

EXHIBIT A

Being Lot No. 79 on the Plan of HUNTERS BRANCH, Section TWO-A, as of record in Plat Book 6250, Page 819 and amended in Plat Book 6815, page 77, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete and accurate legal description thereof.

Being the same property conveyed to Jennifer J. Lane by deed from MARLA J. MEYER of record in Deed Book 10625, page 358, Register's Office for said County.

Charter for Homeowner's Association of record in Book 8923, Page 318, and Book 6632, Page 424, Register's Office for said County.

Deed of Homeowner's Association of record in Book 6612, Page 885, Register's Office for said County. Plat sets out said property is subject to HOA.

This conveyance is subject to Restrictive Covenants of record in Deed Book 6601, page 7, Register's Office for said County.

By-Laws of record in Book 6632, Page 429, Register's Office for said County.

This conveyance is subject to any and all existing easements and restrictions of record.

This conveyance is subject to (1) all applicable zoning ordinances (2) utility, sewer, drainage and other easement of record, (3) all subdivision / condominium assessments, covenants, bylaws, restrictions, declarations and easements of record, (4) building restrictions, and (5) other matters of public record. This improved property known as 1436 Hunters Branch Road, Antioch, TN 37013.

Map Parcel Number: 172-08-0A-079-00

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

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

STATE FILE NUMBER

3201107002424
LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
VINCENT	LYON	GUISE JR

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	IF UNDER ONE YEAR Days	IF UNDER 24 HOURS Hours	IF UNDER 24 HOURS Minutes	6. SEX
09/07/1926	84					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)
CA	-7890	[X] YES [ ] NO [ ] UNK	MARRIED	04/15/2011	1700

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)
SOME COLLEGE	[ ] 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
BUSINESS OWNER	RETAIL FURNITURE SALES	45

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)
189 SHERWOOD DR

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
BRENTWOOD	CONTRA COSTA	94513	41	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)
BARBARA GUISE, WIFE	189 SHERWOOD DR, BRENTWOOD, CA 94513

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP'–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
BARBARA	JEAN	CALDEIRA	
31. NAME OF FATHER/PARENT–FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
VINCENT	LYON	GUISE SR	PA
35. NAME OF MOTHER/PARENT–FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
LOTTIE	MAY	TOWNE	IOWA

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
04/25/2011	UNION CEMETERY	11545 BRENTWOOD BLVD, BRENTWOOD, CA 94513

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/BU	▶ NOT EMBALMED	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
TRADITIONCARE FUNERAL SERVICE	FD1649	▶ WENDEL BRUNNER, MD	04/25/2011

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
OWN RESIDENCE	[ ] IP [ ] ER/OP [ ] DOA	[ ] Hospice [ ] Nursing Home/LTC [X] Decedent's Home [ ] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
CONTRA COSTA	189 SHERWOOD DR	BRENTWOOD

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) CARDIOPULMONARY ARREST	(AT) MIN	[X] YES	[ ] NO
			PERMIT NUMBER	11-0982
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) MYELODYSPLASTIC SYNDROME	(BT) YRS	109. BIOPSY PERFORMED?	[ ] YES [X] NO
	(C)	(CT)	110. AUTOPSY PERFORMED?	[ ] YES [X] NO
	(D)	(DT)	111. USED IN DETERMINING CAUSE?	[ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
CORONARY ARTERY DISEASE, CONGESTIVE HEART FAILURE, DIABETES MELLITUS

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.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
Decedent Attended Since (A) mm/dd/ccyy: 03/25/2004 / Decedent Last Seen Alive (B) mm/dd/ccyy: 01/06/2011	▶ VOLTAIRE FRANCIS PAJE M.D.	A81780	04/25/2011

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
VOLTAIRE FRANCIS PAJE M.D.
4501 SAND CREEK RD, ANTIOCH, CA 94531

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
MANNER OF DEATH [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined	[ ] YES [ ] NO [ ] UNK		

CORONER'S USE ONLY

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
						010001001767907		

CACONTRA02

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 Recorder.

ATTEST

DATE ISSUED 03/03/2023

001134752
Kristin B. Connelly
Deborah Cooper
DEBORAH COOPER
COUNTY RECORDER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE