THIS INSTRUMENT PREPARED BY:

Laguna Legal, Inc.
24800 Chrisanta Drive, Suite 200
Mission Viejo, CA 92691

Karen Johnson Davidson County
Batch # 1418481 DEEDQC
05/11/2026 08:37:23 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20260511-0041910

STATE OF CALIFORNIA)
COUNTY OF ORANGE)

The actual consideration for this transfer is: $0.00.

Edith F. Newmeyer
Affiant

Subscribed and sworn to before me, this 13th day of May, 2024

Notary Public

My Commission Expires:

ISRAEL C. GUEVARA
COMM. # 2468955
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. OCT. 30, 2027

QUITCLAIM DEED

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
Bryan and Tamara Harrison 625 19th St. Huntington Beach, CA 92648	New Owner	Map and Parcel No.: 093-11-0H-015.00

FOR AND IN CONSIDERATION of Ten and 00/100 Dollars ($10.00) and other good and valuable consideration, the receipt of all of which is hereby acknowledged, **Edith F. Newmeyer, Surviving Trustee of the Newmeyer Family Trust, dated October 30, 2016** (see Attachment "1" Affidavit of Death for Trustee, Robert W. Newmeyer who is now deceased, hereinafter referred to as the "Grantor") does hereby quitclaim, transfer and convey to **Bryan David Harrison and Tamara Jean Harrison, husband and wife,** their heirs and assigns, all of their rights, title and interest in the real property in the County of Davidson, State of Tennessee, and more particularly described as follows:

A certain unit located in Davidson-County, Tennessee, being known and designated as Unit No. 302 of Muse, a Planned Unit Development with Private Elements (a Horizontal Property Regime), established pursuant to the Declaration of Covenants, Conditions and Restrictions establishing Muse, a Planned Unit Development (a Horizontal Property Regime), of record in Instrument Number 20200123-0008592 and Instrument Number 20211001-0132086, in the Register's Office for Davidson County, Tennessee, and with said Unit being depicted on Exhibit "B" to said Declaration; together with a percentage interest in the common elements as set forth in said Declaration.

Being the same property conveyed to Edith F. Newmeyer and Robert W. Newmeyer, Trustees of the Newmeyer Family Trust, dated October 30, 2016 by Quitclaim Deed from Edith F. Newmeyer and Robert W. Newmeyer, wife and husband, dated April 25, 2022 and recorded on May 3, 2022 in Instrument No. 20220503-0051196, in the Register's Office of Davidson County, Tennessee.

This is an improved property located at: **65 Lindsley Ave Unit 302, Nashville, TN 37210.**

Grantor covenants that they are lawfully seized and possess said real property in fee simple, have a good right to convey it, and that the same is conveyed with any liens, restrictions, conditions and easements currently of record. However, this instrument was prepared without the benefit of a title search. Whenever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

IN WITNESS WHEREOF, Grantor has executed this instrument on this 13th day of May, 2024.

Newmeyer Family Trust

Edith F. Newmeyer

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)
) s.s.
COUNTY OF ORANGE)

On this 13th day of May 2024, before me, Israel C. Guevara, a Notary Public, personally appeared **Edith F. Newmeyer**, 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/she executed the same in his/her authorized capacity, and that by his/her signatures 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 of Notary

ISRAEL C. GUEVARA
COMM. # 2468955
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. OCT. 30, 2027

AFFIDAVIT - DEATH OF TRUSTEE

State of California)
) s.s.
County of Orange)

Edith F. Newmeyer, of legal age, being first duly sworn, deposes and says:

That **Robert William Newmeyer**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Robert W. Newmeyer** named as the party in that certain **Quitclaim Deed** dated **April 25, 2022** executed by **Edith F. Newmeyer and Robert W. Newmeyer, wife and husband**

to **Edith F. Newmeyer and Robert W. Newmeyer, Trustees of the Newmeyer Family Trust, dated October 30, 2016**

recorded as Instrument No. **20220503-0051196** on **May 3, 2022** of the Official Records in the Office of the County Recorder of **Davidson** County, State of **Tennessee** concerning the following described real property situated at **65 Lindsley Avenue #302** in the City or unincorporated area of **Nashville** County of **Davidson** State of **Tennessee** A.P.N. **093-11-0H-015-00**

Legally described as: Complete Legal Description attached herein and made a part hereof as Exhibit "A"

I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated: **May 13, 2024**

Edith F. Newmeyer
(Type or Print Full Name of Trustee/Affiant)

(signature of Trustee/Affiant)

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 Orange)

Subscribed and sworn to (or affirmed) before me on this **13th** day of **May 2024**, by **EDITH F. NEWMEYER** proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Signature of Notary Public)

ISRAEL C. GUEVARA
COMM. # 2468955
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. OCT. 30, 2027

(This area for official notarial seal)

Attachment "1"

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 5/06)

3052023238358 — STATE FILE NUMBER

3202330018987 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST: (Given)	2. MIDDLE	3. LAST (Family)
ROBERT	WILLIAM	NEWMEYER

AKA: ALSO KNOWN AS – Include a 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
11/03/1945	77			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)
WI	-6975	☐ YES ☒ NO ☐ UNK	MARRIED	10/26/2023	2226

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	15. 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
SALESMAN	INDUSTRIAL PAPER	45

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): 51500 GOLDEN EAGLE DRIVE

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
INDIO	RIVERSIDE	92201	47	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)
EDITH F NEWMEYER, WIFE	51500 GOLDEN EAGLE DRIVE, INDIO, CA 92201

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP—FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
EDITH	F	BRUYN	
31. NAME OF FATHER/PARENT–FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
WILLIAM	F	NEWMEYER	CA
35. NAME OF MOTHER/PARENT–FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
JEAN	ELIZABETH	WATSON	IL

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
11/02/2023	AT SEA OF THE COAST OF ORANGE COUNTY

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CREMATE/SCATTER AT SEA	NOT EMBALMED	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
MCCORMICK & SON MORTUARIES	FD1312	REGINA CHINSIO-KWONG, DO	11/02/2023

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	☒ IP ☐ ER/OP ☐ DOA	☐ Hospice ☐ Nursing Home/ILC ☐ Decedent's Home ☐ Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
ORANGE	ONE HOAG DR	NEWPORT BEACH

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) HYPERCAPNIC RESPIRATORY FAILURE	(AT) WKS	☐ YES ☒ NO REFERRAL NUMBER
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) MYASTHENIA GRAVIS	(BT) WKS	109. BIOPSY PERFORMED? ☐ YES ☒ NO
	(C)	(CT)	110. AUTOPSY PERFORMED? ☐ YES ☒ 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: NONE

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?
LAPAROSCOPIC GASTROSTOMY TUBE PLACEMENT 10/18/2023, TRACHEOSTOMY 10/18/2023	☐ 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: 09/22/2023 — Decedent Last Seen Alive (B) mm/dd/ccyy: 10/26/2023	EUNICE EUNHAE KWON, DO	20A13857	11/01/2023

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: EUNICE EUNHAE KWON, DO, ONE HOAG DR, NEWPORT BEACH, CA 92658

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

005271571

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED November 9, 2023

STATE OF CALIFORNIA
COUNTY OF ORANGE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

REGINA CHINSIO-KWONG, DO
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit "A"

A certain unit located in Davidson County, Tennessee, being known and designated as Unit No. 302 of Muse, a Planned Unit Development with Private Elements (a Horizontal Property Regime), established pursuant to the Declaration of Covenants, Conditions and Restrictions establishing Muse, a Planned Unit Development (a Horizontal Property Regime), of record in Instrument Number 20200123-0008592 and Instrument Number 20211001-0132086, in the Register's Office for Davidson County, Tennessee, and with said Unit being depicted on Exhibit "B" to said Declaration; together with a percentage interest in the common elements as set forth in said Declaration.

Being the same property conveyed to Edith F. Newmeyer and Robert W. Newmeyer, Trustees of the Newmeyer Family Trust, dated October 30, 2016 by Quitclaim Deed from Edith F. Newmeyer and Robert W. Newmeyer, wife and husband, dated April 25, 2022 and recorded on May 3, 2022 in Instrument No. 20220503-0051196, in the Register's Office of Davidson County, Tennessee.

This is improved property located at: **65 Lindsley Ave Unit 302, Nashville, TN 37210.**

Grantor covenants that they are lawfully seized and possess said real property in fee simple, have a good right to convey it, and that the same is conveyed with any liens, restrictions, conditions and easements currently of record. However, this instrument was prepared without the benefit of a title search. Whenever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.