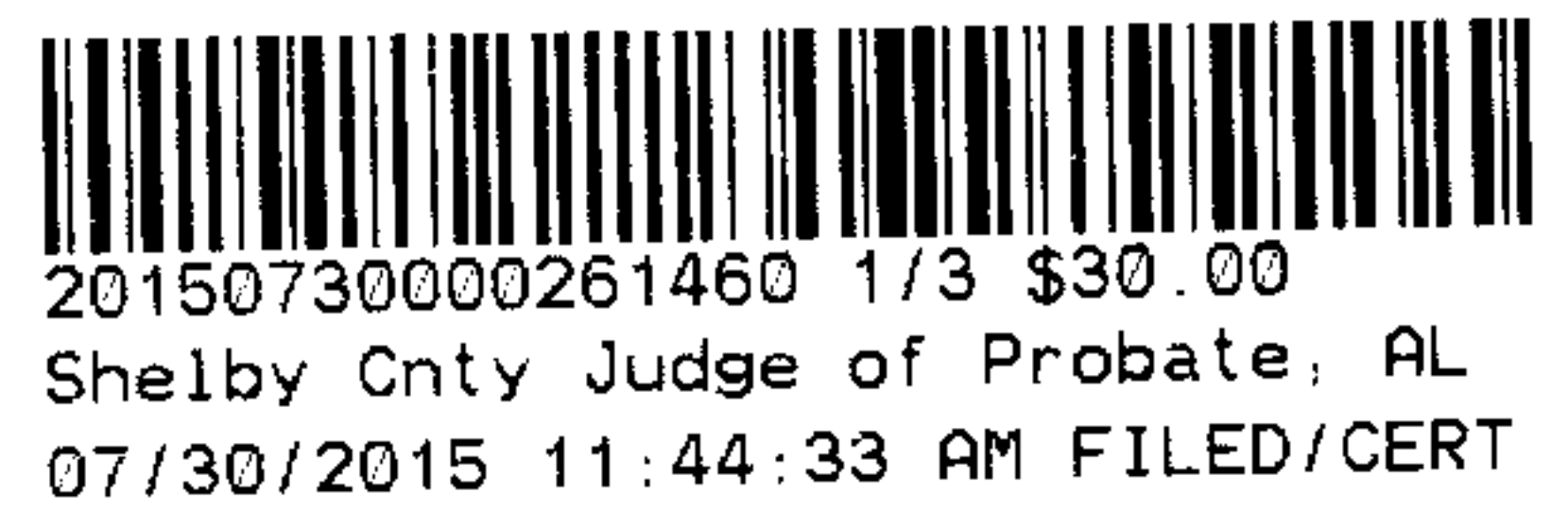


THE PREPARER OF THIS DEED MAKES NO REPRESENTATION AS TO THE STATUS OF THE TITLE OF THE PROPERTY DESCRIBED HEREIN, OR AS TO THE ACCURACY OF THE DESCRIPTION CONTAINED IN PREVIOUSLY FILED DEEDS

This instrument was prepared by:
Kendall W. Maddox
Kendall Maddox & Associates, LLC
2550 Acton Road, Ste 210
Birmingham, AL 35243

Send Tax Notice To:
Susan E. Wasson
175 Josselyn Lane
Woodside, California 94062



STATUTORY WARRANTY DEED

STATE OF ALABAMA)
SHELBY COUNTY) **KNOW ALL MEN BY THESE PRESENTS:**

That in consideration of TEN THOUSAND DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt whereof is acknowledged, I or we,

**SUSAN E. WASSON, AS TRUSTEE OF THE WASSON FAMILY 2001 TRUST,
EXECUTED ON OCTOBER 24, 2001**

(herein referred to as Grantor, whether one or more), grants, bargains, sells, and conveys unto

**SUSAN E. WASSON, TRUSTEE, OF THE FAMILY TRUST CREATED UNDER THE
WASSON FAMILY 2001 TRUST DATED, OCTOBER 24, 2001**

(herein referred to as Grantee, whether one or more), the following described real estate, situated in Shelby County, Alabama, to-wit:

Lot C-1, according to the Survey of Cahaba Valley Park North, as recorded in Map Book 13, page 140, in the Probate Office of Shelby County, Alabama.

Subject to taxes, restrictions, rights-of-way, exceptions, conditions, covenants and easements of record.

Susan E. Wasson is the surviving Trustee in that certain special warranty deed recorded at Instrument Number 20080910000360540, dated 09/10/2008. The other Trustee, Duane G. Wasson is deceased. A copy of his death certificate is attached.

TO HAVE AND TO HOLD to the said grantee, his, her or their successors and assigns forever.

THE GRANTOR herein grants full power and authority by this deed to the Trustee(s), and either of them, and all successor trustee(s) to protect, conserve, sell, lease, pledge, mortgage, borrow against, encumber, convey, transfer or otherwise manage and dispose of all or any portion of the property herein described, or any interest therein, without the consent or approval of any other party and without further proof of such authority; no person or entity paying money to or delivering property to any Trustee or successor trustee shall be required to see to its application; and all persons or entities relying in good faith on this deed and the powers contained herein regarding the Trustee(s) (or successor trustee(s)) and their powers over the property herein conveyed shall be held harmless from any resulting loss or liability from such good faith reliance.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22nd day of July, 2015.

Susan E. Wasson
SUSAN E. WASSON, TRUSTEE
WASSON FAMILY TRUST, DATED 10/24/2001

Shelby County, AL 07/30/2015
State of Alabama
Deed Tax: \$10.00

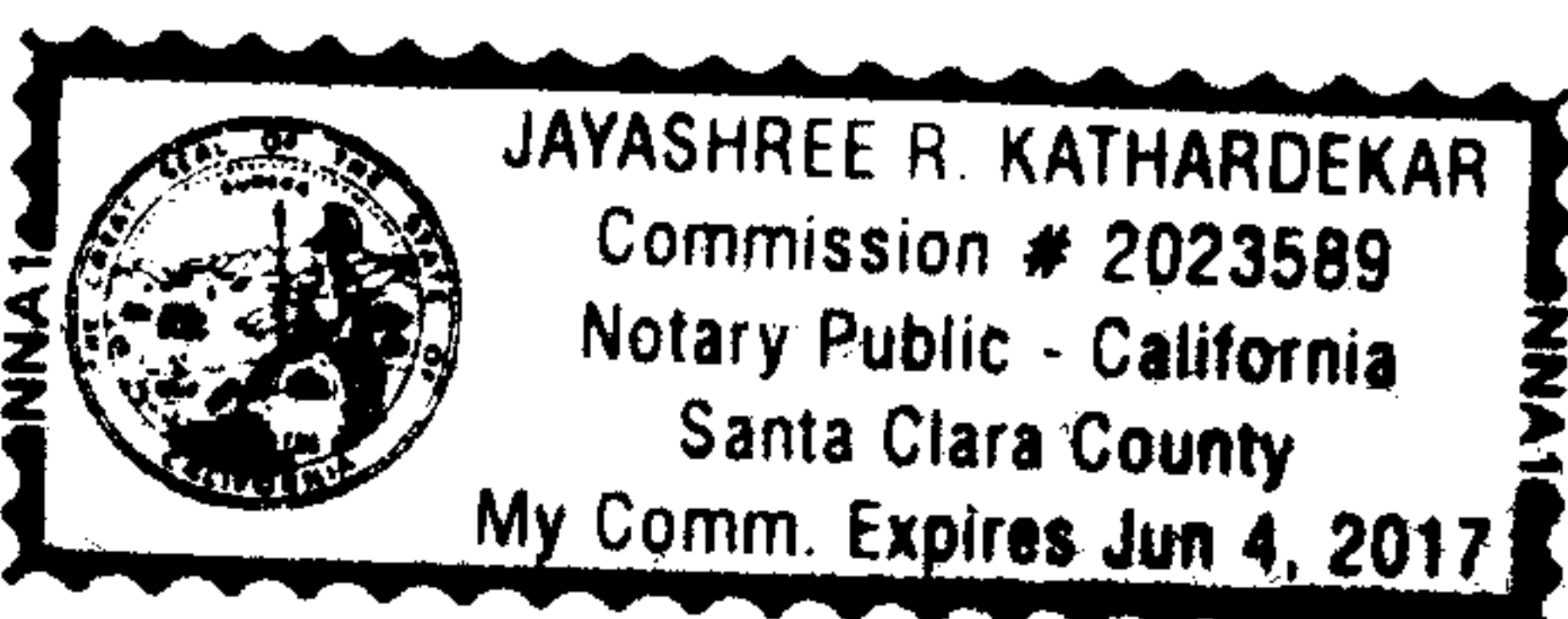
STATE OF California)
Santa Clara COUNTY)

ACKNOWLEDGEMENT:

I, JUL 22 2015, a Notary Public in and for said County, in said State, hereby certify that Susan E. Wasson, whose name as Trustee under the Wasson Family 2001 Trust, executed on October 24, 2001 is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this date, that, being informed of the contents of the conveyance, she in her capacity as such Trustee, executed the same voluntarily on the day the same bears date.

Given my hand and official seal this 22nd day of July, 2015.

Jayashree R. Kathardekar
Notary Public
My Commission Expires: 06/04/2017



CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
HEALTH SYSTEM
SAN MATEO, CALIFORNIA

3052013161313

CERTIFICATE OF DEATH

3201341002997

STATE FILE NUMBER 3052013161313		LOCAL REGISTRATION NUMBER 3201341002997	
1. NAME OF DECEDENT - FIRST (Given) DUANE		2. MIDDLE GRANVILLE	
3. LAST (Family) WASSON		4. DATE OF BIRTH mm/dd/yyyy 11/13/1942	
5. AGE Yrs. 70		6. UNDER ONE YEAR F. UNDER 24 HOURS G. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP* (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OPERATOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LANDSCAPE CONTRACTING	
20. DECEDENT'S RESIDENCE (Street and number, or location) 175 JOSSELYN LANE		19. YEARS IN OCCUPATION 35	
21. CITY WOODSIDE		22. COUNTY/PROVINCE SAN MATEO	
23. ZIP CODE 94062		24. YEARS IN COUNTRY 42	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP SUSAN WASSON, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 175 JOSSELYN LANE, WOODSIDE, CA 94062		28. NAME OF SURVIVING SPOUSE/SROP* - FIRST SUSAN	
29. MIDDLE ELEANOR		30. LAST (BIRTH NAME) LIPS	
31. NAME OF FATHER/PARENT - FIRST GERDEN		32. MIDDLE GRANVILLE	
33. LAST WASSON		34. BIRTH STATE OH	
35. NAME OF MOTHER/PARENT - FIRST FLORENCE		36. MIDDLE ANNE	
37. LAST (BIRTH NAME) SASS		38. BIRTH STATE IL	
39. DISPOSITION DATE: mm/dd/yyyy 08/29/2013		40. PLACE OF FINAL DISPOSITION RES. SUSAN WASSON 175 JOSSELYN LANE, WOODSIDE, CA 94062	
41. TYPE OF DISPOSITIONS CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT BAY AREA CREMATION & FUNERAL SERVICES, INC.	
45. LICENSE NUMBER FD1741		46. SIGNATURE OF LOCAL REGISTRAR SCOTT MORROW, MD	
47. DATE: mm/dd/yyyy 08/28/2013		101. PLACE OF DEATH OWN RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN MATEO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 175 JOSSELYN LANE	
106. CITY WOODSIDE		107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) A) URETERAL CANCER METASTATIC TO LUNGS	
108. DEATH REPORTED TO CORONER (Final Report) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIRTH REPORTED TO CORONER (Final Report) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. BIRTH REPORTED TO CORONER (Final Report) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REBUCKING IN THE UNDERLYING CAUSE GIVEN IN 107 NO		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) URETEROSCOPIC BIOPSY 02/25/2009	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent's Last Seen Alive: 03/10/2009		115. SIGNATURE AND TITLE OF CERTIFIER BRADLEY EKSTRAND M.D.	
116. LICENSE NUMBER A71243		117. DATE: mm/dd/yyyy 08/28/2013	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BRADLEY EKSTRAND M.D. 218 DE ANZA BLVD, SAN MATEO, CA 94402	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE: mm/dd/yyyy	
122. HOUR (24 Hours)		123. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
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/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. FAX AUTHORITY	
STATE REGISTRAR		CENSUS TRACT	

20150730000261460 2/3 \$30.00
Shelby Cnty Judge of Probate: AL
07/30/2015 11:44:33 AM FILED/CERT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN MATEO } SS

DATE ISSUED

08/30/2013

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

By Anabel Tingin

SCOTT MORROW MD
SCOTT MORROW, M.D.

HEALTH OFFICER AND REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

PRNCO (Rev) 04/13

000775441



REAL ESTATE SALES VALIDATION FORMS

THIS DOCUMENT MUST BE FILED IN ACCORDINACE WITH CODE OF ALABAMA 1975, SECTION 40-22-1

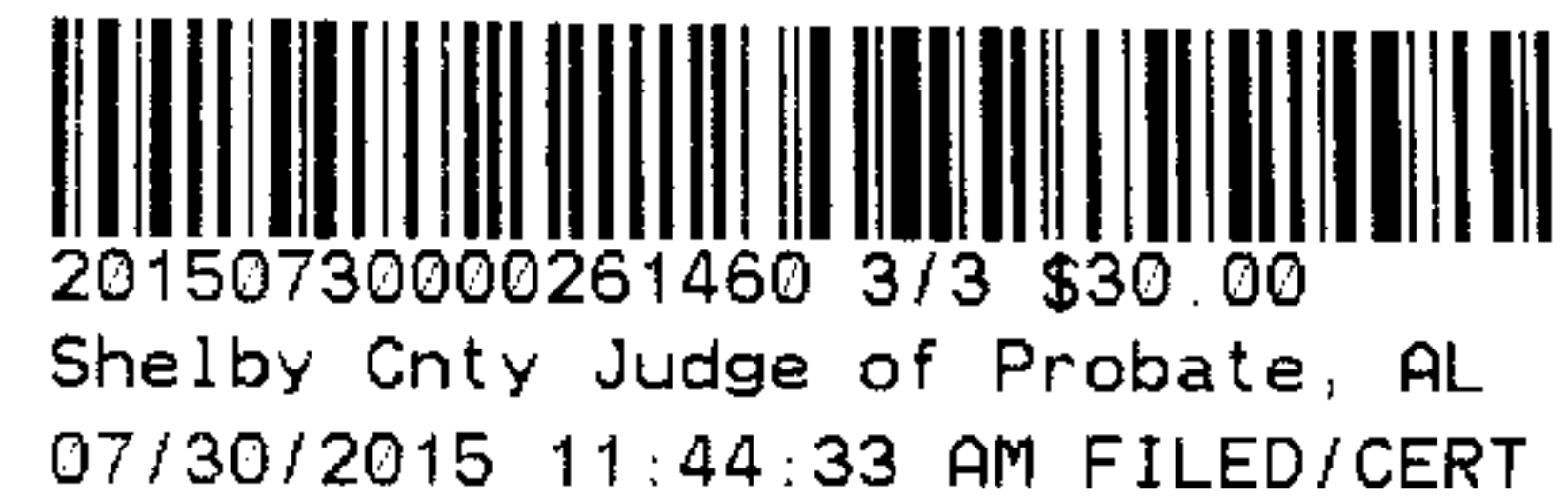
GRANTOR NAME(S): Susan E. Wasson, Trustee of the Wasson Family 2001 Trust
MAILING ADDRESS: 175 Josselyn Lane
Woodside, California 94062
PROPERTY ADDRESS: 613 Cahaba Valley Parkway
Pelham, AL 35124

GRANTEE NAME(S): Family Trust created under the Wasson Family 2001 Trust, dtd 10/24/2001
MAILING ADDRESS: 175 Josselyn Lane
Woodside, California 94062
DATE OF SALE:
TOTAL PURCHASE PRICE: \$ 10,000.00
OR
ACTUAL VALUE: \$
OR
ASSESSOR'S MARKET VALUE \$

The purchase price or actual value claimed on this form can be verified in the following documentary evidence: (Check One) (Recordation of documentary evidence is not required.)

- Bill of Sale
Sales Contract
Closing Statement

- Appraisal
Other



If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

INSTRUCTIONS

Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.

Grantee's name and mailing address - provide the name of the person or persons to whom interest to property is being conveyed.

Property address - the physical address of the property being conveyed, if available.

Date of Sale - the date on which interest to the property was conveyed.

Total purchase price - the total amount paid for the purchase of the property, both real and personal, being conveyed by the instrument offered for record.

Actual value - if the property is not being sold, the true value of the property, both real and personal, being conveyed by the instrument offered for record. This may be evidenced by an appraisal conducted by a license appraiser or the assessor's current market value.

If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with responsibility of valuing property for property tax purposes will be used and the taxpayer will be panelized pursuant to Code of Alabama 1975 § 40-22-1 (h).

I attest, to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in Code of Alabama 1975 § 40-22-1 (h).

Date: JUL 22 2015

Print: Susan E. Wasson, Trustee

Unattested (verified by)

Sign: Susan E Wasson (Grantor/Grantee/Owner/Agent)