20221020000395870
10/20/2022 11:07:43 AM
AFFID 1/4

This Document Prepared By:
Larry Wolfe, Surviving Trustee
P.O. Box 675818
Rancho Santa Fe, CA 92067

After Recording Mail To:
smart!DEEDS, LLC – 104118A
1349 Galleria Drive, Suite 100
Henderson, NV 89014-8624

AFFIDAVIT OF SURVIVING TRUSTEE

TITLE OF DOCUMENT

I, Larry Wolfe, the undersigned, affirm under penalty of perjury under the laws of the State of Alabama that the following is true and correct:

(1) By instrument dated November 8, 2000, Sally I. Blundell and Larry Wolfe executed the Steve and Sally Blundell Living Trust
(2) Said trust appointed me to serve as Surviving Trustee upon the death or incapacity of Sally I. Blundell.
(3) Sally Eileen Blundell died on March 05, 2020 at La Mesa, California, a resident of San Diego, California. Attached hereto and made a part hereof is a certified copy of the death certificate of said Sally I. Blundell.
(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Trustee.
(5) The following described real property is part of the trust estate: See Exhibit "B" attached.
(6) No other person has a right to the interest of the Trust in the described property.
(7) The described property shall be transferred to me as Surviving Trustee.

Executed on Oct 10th, at San Diego CA, 2022.

Larry Wolfe, Surviving Trustee

General Acknowledgement

STATE OF CA

San Diego **COUNTY**

I, Shelby R Smith a Notary Public in and for said County, in said State, hereby certify that **Larry Wolfe, Surviving Trustee**, whose name(s) is/are signed to the foregoing conveyance and who is/are known to me, acknowledged before me on this day, that, being informed of the contents of the above and foregoing conveyance, he/she/they executed the same voluntarily on the day the same bears date.

NOTARY STAMP/SEAL

SHELBY R. SMITH
COMM. # 2331793
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
MY COMM. EXP. AUG. 18, 2024

Given under my hand and official seal of office this 10th day of October, 2022.

NOTARY PUBLIC
My Commission Expires: Aug 18, 2024

EXHIBIT "B"
LEGAL DESCRIPTION

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF SHELBY, STATE OF ALABAMA, TO WIT:

LOT 46, ACCORDING TO THE MAP AND SURVEY OF TIMBERLINE, PHASE 2, AS RECORDED IN MAP BOOK 29, PAGE 49, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA; BEING SITUATED IN SHELBY COUNTY, ALABAMA.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

2022102000395870 10/20/2022 11:07:43 AM AFFID 4/4

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS

VS 11g(REV.3/20G)

STATE FILE NUMBER

3202037004407

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)
SALLY	EILEEN	BLUNDELL

AKA (ALSO KNOWN AS - Include for 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
	02/13/1942	78			F

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)
OHIO	[redacted]	☐ YES ☒ NO ☐ UNK	WIDOWED	03/05/2020	1015

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)
HS GRADUATE	☐ YES _____ ☒ NO	WHITE

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
NURSE	MEDICAL	17

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or rural location)				
450 E. BRADLEY AVE. #102				
21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
EL CAJON	SAN DIEGO	92021	1	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)
KIMBERLY SHRIN, DAUGHTER	450 E. BRADLEY AVE. #102, EL CAJON, CA 92021

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP - FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
-	-	-	
31. NAME OF FATHER/PARENT - FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
BILLY	W.	SIFRIT	OHIO
35. NAME OF MOTHER/PARENT - FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
GLENNA	R.	WILLIAMS	OHIO

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
03/11/2020	RES-KIMBERLY SHRIN 450 E. BRADLEY AVE. #102, EL CAJON, CA 92021	
41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/RES	▶ NOT EMBALMED	-
44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER / 46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
FEATHERINGILL MORTUARY COLLEGE CHAPEL	FD1083 / ▶ WILMA J WOOTEN, MD MPH	03/11/2020

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
COMMUNITY CONVALESCENT CENTER	☐ IP ☐ FRUP ☐ ICA	☐ Hospice ☒ Nursing Home/SNF ☐ Decedent's Home ☐ Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
SAN DIEGO	8665 LA MESA BLVD.	LA MESA

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) HYPERCAPNEIC AND HYPOXIC RESPIRATORY FAILURE	(AT) YEARS
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) CRITICAL AORTIC STENOSIS	(BT) YEARS
	(C) CORONARY ARTERY DISEASE	(CT) YEARS
	(D)	(DT)

*08. DEATH REPORTED TO CORONER?	*09. BIOPSY PERFORMED?	*10. AUTOPSY PERFORMED?	*11. USED IN DETERMINING CAUSE?
☐ YES ☒ NO	☐ YES ☒ NO	☐ YES ☒ NO	☐ 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. IF FEMALE, PREGNANT IN LAST YEAR?
NO	☐ YES ☒ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

111. 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
(A) Decedent Attended Since: 02/19/2020 / (B) Decedent Last Seen Alive: 03/02/2020	▶ DAVID LEHMAN M.D.	G87600	03/11/2020
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: DAVID LEHMAN M.D. 5555 GROSSMONT CENTER DRIVE, LA MESA, CA 91942		

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)

Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County Clerk
Shelby County, AL
10/20/2022 11:07:43 AM
$33.00 JOANN
20221020000395870

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
						010001004471444		

County of San Diego –Health & Human Services Agency – 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

Wilma J. Wooten, M.D.

DATE ISSUED: 3/11/2020

WILMA J. WOOTEN, M.D., M.P.H.
REGISTRAR OF VITAL RECORDS
County of San Diego

A003627450

CASANDIEOJ

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE