

RESERVING, THEREFROM, a right of way ten feet in width along all boundaries of lot with right of entry upon, over, under, along, across, and through said right of way for the purpose of erecting, constructing, operating, repairing and maintaining pole lines with cross arms for the transmission of electrical energy, and for telephone lines, and/or for laying, repairing, operating and renewing, any

pipe line or lines for water, gas or sewerage, and any conduits for electric or telephone wires, and reserving the sole right to convey the rights hereby reserved.

TOGETHER WITH all buildings and improvements situate thereon.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

SUBJECT TO any and all exceptions, reservations, restrictions, restrictive covenants, assessments, easements, rights and rights-of-way of record.

ANGELA POLGAR was the Trustee named in that certain Polgar Family Living Trust Dated June 24, 1995, A Portion, and by reason of her death on February 16, 2013, the Successor Trustee, VANESSA POLGAR SONNE, the affiant herein became and is the sole Trustee of the Trust established under said Declaration of Trust dated June 24, 1995 and has full power and authority to transfer same.

Dated: 13 May 2013
#3728

Vanessa Polgar Sonne
VANESSA POLGAR SONNE,
Trustee of the Polgar Family Living
Trust Dated 6/24/95, A Portion

State of California)
) ss.
County of San Francisco)

Subscribed and sworn to (or affirmed) before me on the 13th day of May, 2013, by VANESSA POLGAR SONNE, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Nancy Ann Gibbons
NANCY ANN GIBBONS



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

3052013036408

CERTIFICATE OF DEATH

3201338000853

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ANGELA		3. LAST (Family) POLGAR	
2. MIDDLE -			
4. DATE OF BIRTH mm/dd/yyyy 05/17/1931		5. AGE Yrs. 81	
6. SEX F			
7. DATE OF DEATH mm/dd/yyyy 02/17/2013		8. HOUR (24 Hours) 2245	
9. BIRTH STATE/FOREIGN COUNTRY GREECE		10. SOCIAL SECURITY NUMBER	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		12. MARITAL STATUS/SPD* at Time of Death WIDOWED	
13. EDUCATION - Highest Level/Degree BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN			
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ACCOUNTANT		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PAVING	
18. YEARS IN OCCUPATION 40			
19. DECEDENT'S RESIDENCE (Street and number, or location) 2186 14TH AVENUE			
20. CITY SAN FRANCISCO		21. COUNTY/PROVINCE SAN FRANCISCO	
22. ZIP CODE 94116		23. YEARS IN COUNTY 52	
24. STATE/FOREIGN COUNTRY CA			
25. INFORMANT'S NAME, RELATIONSHIP VANESSA SONNE, DAUGHTER		26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1224 WAWONA STREET, SAN FRANCISCO, CA 94116	
27. NAME OF SURVIVING SPOUSE/SPD - FIRST KONSTANTINOS		28. MIDDLE -	
29. LAST (BIRTH NAME) KAPLANIS		30. BIRTH STATE GREECE	
31. NAME OF FATHER/PARENT - FIRST VENETIA		32. MIDDLE -	
33. LAST (BIRTH NAME) STAVROPOULOS		34. BIRTH STATE GREECE	
35. DISPOSITION DATE mm/dd/yyyy 02/21/2013		36. PLACE OF FINAL DISPOSITION RES. VANESSA SONNE 1224 WAWONA STREET, SAN FRANCISCO, CA 94116	
37. TYPE OF DISPOSITION CR/RES		38. SIGNATURE OF EMBALMER NOT EMBALMED	
39. LICENSE NUMBER ED1775		40. SIGNATURE OF LOCAL REGISTRAR TOMAS ARAGON, MD, DR.P.H.	
41. DATE mm/dd/yyyy 02/21/2013			
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY SAN FRANCISCO		104. CITY SAN FRANCISCO	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2186 14TH AVE.			
106. 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. ALZHEIMER'S DISEASE		107. TIME INTERVAL BETWEEN ONSET AND DEATH YRS	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIRTH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. BIRTH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 101 NONE			
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO			
115. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK			
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy 02/26/2004 02/15/2013		117. SIGNATURE AND TITLE OF CERTIFIER JEFFREY BEANE M.D.	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JEFFREY BEANE M.D. 4131 GEARY BLVD, SAN FRANCISCO, CA 94118		119. LICENSE NUMBER G49203	
120. DATE mm/dd/yyyy 02/21/2013			
121. 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		122. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. INJURY DATE mm/dd/yyyy	
125. HOUR (24 Hours)			
126. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
127. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
128. SIGNATURE OF CORONER / DEPUTY CORONER		129. DATE mm/dd/yyyy	
130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		CENSUS TRACT	

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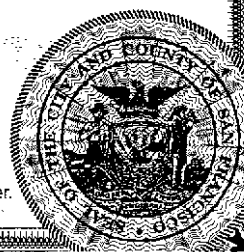


STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.
DATE ISSUED **APR 16 2013**



003311946

Tomas Aragon
Tomas Aragon, M.D., Dr.P.H.
Health Officer and Local Registrar



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

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF
SAN FRANCISCO

3052013036408

STATE FILE NUMBER

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201338000853

LOCAL REGISTRATION NUMBER

1.1

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST ANGELA	1B. MIDDLE	1C. LAST POLGAR	2. SEX F
	3. DATE OF EVENT—MM/DD/CCYY 02/17/2013	4. CITY OF EVENT SAN FRANCISCO	5. COUNTY OF EVENT SAN FRANCISCO	

PART II STATEMENT OF CORRECTIONS

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
7	02/17/2013	02/16/2013

LIST ONE
ITEM PER
LINE

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER SV	10. DATE SIGNED—MM/DD/CCYY 02/28/2013	11. TYPE OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER JEFFREY BEANE M.D.	
	12. ADDRESS—STREET AND NUMBER 4131 GEARY BLVD.	13. CITY SAN FRANCISCO	14. STATE CA	15. ZIP CODE 94118
STATE/LOCAL REGISTRAR USE ONLY	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS		17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 03/14/2013	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24Ae (REV. 1/08)

020101002293040

1.1

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003311945

Tomas Aragón, M.D., Dr.P.H.
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