



# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 Santa Barbara

On March 15, 2019 before me, Monica M Schlager, Notary Public,  
(Here insert name and title of the officer)

personally appeared Linda Coyte

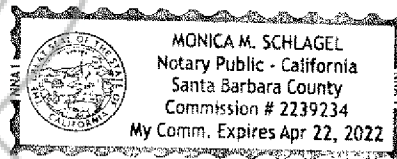
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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]  
 Signature of Notary Public

(Notary Seal)



## ADDITIONAL OPTIONAL INFORMATION

### INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

**DESCRIPTION OF THE ATTACHED DOCUMENT**

Aspidavit  
(Title or description of attached document)

\_\_\_\_\_  
(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_  
(Additional information)

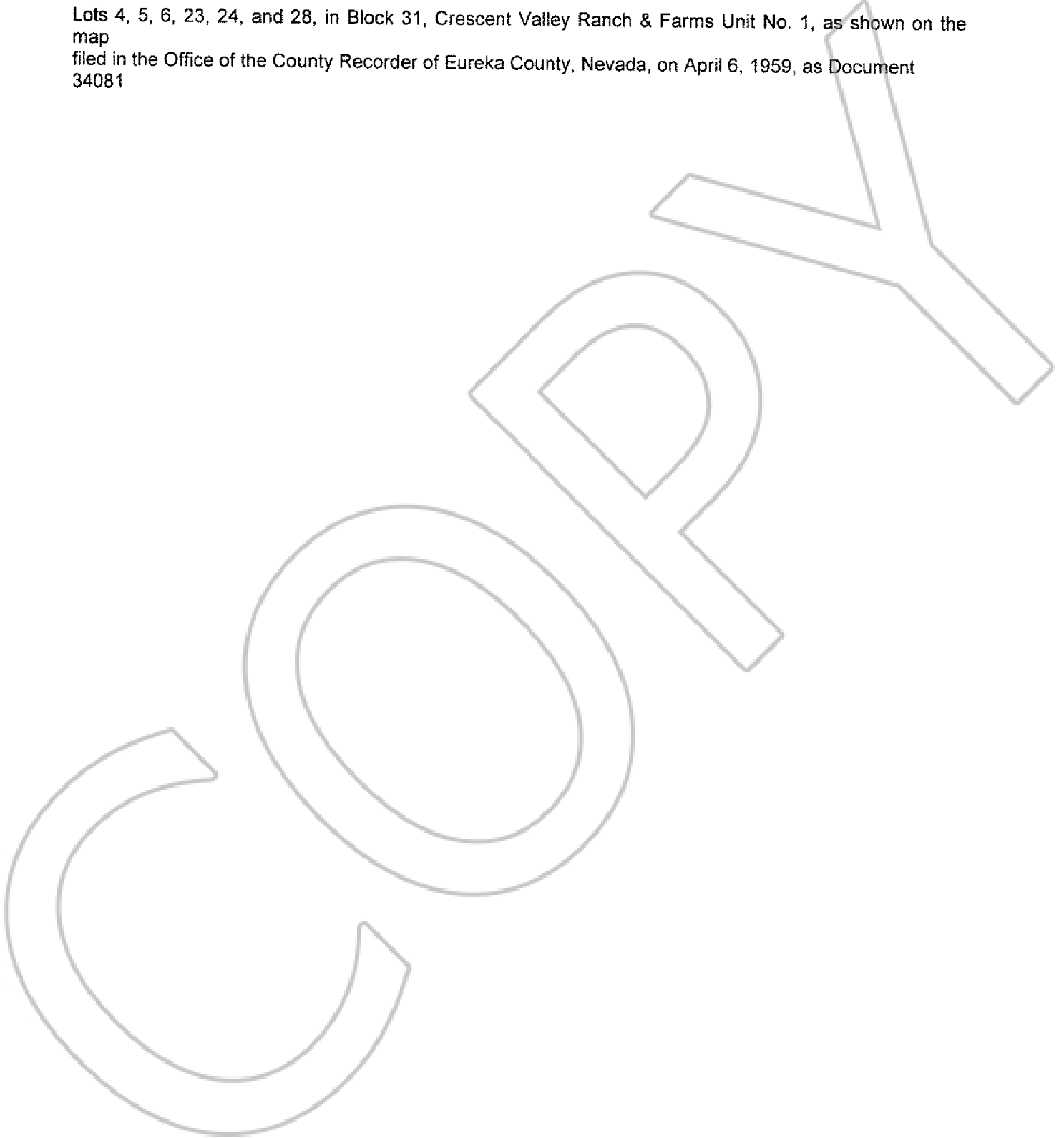
**CAPACITY CLAIMED BY THE SIGNER**

Individual (s)  
 Corporate Officer  
 \_\_\_\_\_  
(Title)

Partner(s)  
 Attorney-in-Fact  
 Trustee(s)  
 Other \_\_\_\_\_

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

Lots 4, 5, 6, 23, 24, and 28, in Block 31, Crescent Valley Ranch & Farms Unit No. 1, as shown on the map filed in the Office of the County Recorder of Eureka County, Nevada, on April 6, 1959, as Document 34081







CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

FRESNO, CALIFORNIA

THIS FORM MUST BE COMPLETED IN BLACK INK  
 AMENDMENT OF MEDICAL AND HEALTH SECTION DATA

(INSTRUCTIONS ON REVERSE)

STATE CERTIFICATE NUMBER		<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> FETAL DEATH	<input type="checkbox"/> BIRTH	1097	0750
INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	1a. FIRST NAME	1b. MIDDLE NAME		1c. LAST NAME		
	JAMES	HENRY		WOODYARD		
STATEMENT OF AMENDMENTS	2. PLACE OF OCCURRENCE—CITY OR COUNTY			3. DATE OF EVENT	4. DATE ORIGINAL FILED	
	Kerman			2-29-80	3/3/80	
5. ITEM NUMBER	6a. INFORMATION EXACTLY AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE			6b. INFORMATION AS IT SHOULD BE STATED ON THE ORIGINAL CERTIFICATE		
22A:	(Pending)			Transection of cervical spinal cord.		
22B:				Occipitocervical dislocation		
30:				County Road		
31:				No		
33:				Shaw & Madera Avenues, Kerman, California		
34:				Car/Truck collision. (Driver)		
DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	7. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH REAFFIRMS THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			8a. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	8b. DATE SIGNED	
				<i>[Signature]</i>	3-11-80	
REGISTRAR'S OFFICE	8a. NAME OF CERTIFYING PHYSICIAN OR CORONER (PRINT OR TYPE)			8c. DEGREE OR TITLE		
				Coroner		
9a. OFFICE OF STATE OR LOCAL REGISTRAR			9b. ADDRESS—STREET, CITY, STATE			
Robert P. Withrow, M.D. By: <i>[Signature]</i> Deputy Registrar			1100 Van Ness Avenue, Fresno, California			
			10a. DATE ACCEPTED			
			3/12/80			

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS Form VS-24A (REV. 10-78)

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED DEC 06 2018



This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

This copy not valid unless prepared on engraved border displaying seal and signature of Recorder.  
 FRS-100 (REV. 04/78)

PAUL DICTOS, C.P.A.  
 COUNTY RECORDER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE