AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Comes Mary Anne Socey Rowan and, being duly sworn according to law, deposes and says.

1. I am the daughter and sole surviving child of Ida Josephine Socey & Louis David Socey, Sr. both deceased.

2. Ida Josephine Socey, a widow, died a resident of Davidson County, Tennessee September 15, 1991. A copy of her death certificate is attached hereto denominated Exhibit "A".

3. Louis David Socey, Sr. died a resident of Davidson County, Tennessee May 5, 1989. At the time of his death he was married to Ida Josephine Socey. A copy of his death certificate is attached hereto denominated Exhibit "B".

4. On May 5, 1989 Louis David Socey, Sr. & Ida Josephine Socey were tenants by the entireties on property located at and known as 1916 Wildwood Avenue, Nashville, Tennessee. She was the owner of the fee simple interest in this property at her death, having never remarried.

5. My brother, Louis David Socey, Jr. died in March 1980.

6. Ida Josephine Socey's unprobated Will appears of record in Book 8458, page 356 of the Register's Office of Davidson County, Tennessee. Her only other beneficiary was her grandaughter Jeannie Beth Socey who received the sum of $5000.00. A copy of the cancelled check for this amount is attached hereto denominated Exhibit "C".

EXHIBIT "C" NOT ATTACHED AT TIME OF RECORDING

7. Louis David Socey, Jr.'s unprobated Will appears of record in Book 8458, page 353 of the Register's Office of Davidson County, Tennessee.

8. The value of the estate of Louis David Socey, Sr. was less than $600,000.00 and his sole beneficiary was a Class A beneficiary under & for purposes of the Tennessee Inheritance Tax.

9. The value of the estate of Ida Josephine Socey was less than $600,000.00 and her beneficiaries were both Class A beneficiaries under & for purposes of the Tennessee Inheritance Tax.

10. There were no federal estate nor Tennessee Inheritance taxes due on either the estate of Louis David Socey, Sr. or Ida Josephine Socey.

11. All of the debts of Louis David Socey, Sr. and Ida Josephine Socey, including income taxes, & expenses of the last illness, death & burial have been paid in full.

FURTHER, the affiant saith not.

Mary Anne Socey Rowan
Mary Anne Socey Rowan

SWORN to & subscribed before me, a Notary Public of the state and county aforesaid, at office in Nashville, Tennessee on this the 23RD day of OCTOBER, 1991.

Victoria L. Richards
NOTARY PUBLIC

My commission expires: SEPT. 24, 1994

VICTORIA L. RICHARDS NOTARY PUBLIC DAVIDSON COUNTY, TN

PREPARED BY: PAUL F. WHITE
214 2ND AVE NORTH
SUITE 400, WASHINGTON SQ
NASHVILLE TN. 37201
TELEPHONE: 615 256-6681

5.6.4 5.6

IDENTIFICATION REFERENCE

Oct 23 1 51 PM '91

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

PICK-UP

5317 10/23 0101 03CHECK 12.00

BOOK 8469 PAGE 585

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

SEP 26 1991

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER: 9104565

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): IDA JOSEPHINE SOCEY
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 15, 1991
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-7705
5a. AGE – LAST BIRTHDAY (Years): 87
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): DEC 30, 1903
7. BIRTHPLACE (City and State or Foreign Country): YOAKUM, TEXAS
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA; OTHER 4 ☐ Nursing Home 5 ☒ Residence 6 ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1916 WILDWOOD AVE
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY: HOME
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1916 WILDWOOD AVE.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37212
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 0 ☒ No
15. RACE—American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): JOSEPH SVOBODA
18. MOTHER'S NAME (First, Middle, Maiden Surname): SOPHIE JASEK

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MARY ANNE ROWAN
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6413 CLOVERBROOK DR., BRENTWOOD, TN. 37027

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): MT. OLIVET
20c. LOCATION—City or Town, State: NASHVILLE, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: John T Holt
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3020
21c. SIGNATURE OF EMBALMER: J Brenner
21d. LICENSE NUMBER OF EMBALMER: 2969

REGISTRAR

22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS, 201 25TH AVE. N. NASHVILLE, TN. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40
23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): September 26, 1991

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 1 ☒ SIGNATURE AND TITLE OF PHYSICIAN: J.A. Cobb MD
25b. LICENSE NUMBER: MD14962
25c. DATE SIGNED (Month, Day, Year): 9/25/91
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): CAROL ANN COBB M.D., 4230 HARDING RD., # 201, NASHVILLE, TN. 37205 ~~KENNETH JACOBS M.D., 4230 HARDING RD., NASHVILLE, TN. 37205~~

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. SEPSIS — DUE TO (OR AS A CONSEQUENCE OF): — 1 week

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
b. DIVERTICULITIS WITH ABSCESS — DUE TO (OR AS A CONSEQUENCE OF): — 3 weeks
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☐ No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☐ No

30. MANNER OF DEATH: 1 ☒ Natural 5 ☐ Pending Investigation; 2 ☐ Accident; 3 ☐ Suicide 6 ☐ Could not be Determined; 4 ☐ Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 ☐ Yes 2 ☐ No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO

EXHIBIT "A"

PH-1858 REV 1/89

202-06-002 (Rev. 10/89)

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

Metropolitan Government of Nashville and Davidson County BOOK 8469 PAGE 586

Bill Boner, Mayor

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

MAY 12 1989

Fredia S Wadley, M.D

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK: H 8902159

1. DECEDENT'S NAME (First, Middle, Last): LOUIS DAVID SOCEY — Male — May 5, 1989

4. SOCIAL SECURITY NUMBER (of Deceased): 413-68-5027 — 5a. AGE – LAST BIRTHDAY (Years): 84 — 6. DATE OF BIRTH: MAR 1, 1905 — 7. BIRTHPLACE (City and State or Foreign Country): HOLLIDAYSBURG, PENNSYLVANIA

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No

9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA — Other 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): 1916 WILDWOOD AVE.
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON

10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): IDA SVOBODA
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): RETIRED AGENT
12b. KIND OF BUSINESS/INDUSTRY: SECRET SERVICE

12

13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1916 WILDWOOD AVE.

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37212
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 5+ — College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): JOHN SOCEY
18. MOTHER'S NAME (First, Middle, Maiden Surname):

INFORMANT

19a. INFORMANT'S NAME (Type/Print): IDA SOCEY
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1916 WILDWOOD AVE. NASHVILLE, TN. 37212

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): MT. OLIVET
20c. LOCATION—City or Town, State: NASHVILLE, TN.

21a. SIGNATURE OF FUNERAL DIRECTOR: John M Dewitt
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3020
21c. SIGNATURE OF EMBALMER: Bill Manley
21d. LICENSE NUMBER OF EMBALMER: 4016

22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS 201 25TH AVE. N. NASHVILLE, TN. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): May 12 1989

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: John Batson
25b. LICENSE NUMBER: MD 6035
25c. DATE SIGNED (Month, Day, Year): 5-9-89

26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): JACK BATSON M.D., 1911 STATE ST., NASHVILLE, TN. 37203

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Carcinoma of Lungs — DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. — DUE TO (OR AS A CONSEQUENCE OF): c. — DUE TO (OR AS A CONSEQUENCE OF): d.
6 mos

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Arth Vas Dis

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

202-06-002

EXHIBIT "B"

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED