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THIS INSTRUMENT PREPARED BY:
CHAFFIN AND BURNSED
1005 18th Avenue South
Nashville, Tennessee 37212

BOOK 8973 PAGE 519

AFFIDAVIT OF HEIRSHIP

We, Ronald D. Bowlin, Michael D. Bowlin, Gary W. Bowlin and Donna Sherie Bowlin Tucker, first being duly sworn, state that we are the sole surviving heirs of Bonnie Jean Bowlin.

Said Bonnie Jean Bowlin owned real property located at 909 Maynor Avenue, Nashville, Tennessee 37216, said real property is more fully described as follows:

> Being the westerly 63 feet of Lots Nos. 34, 35 and 36 on the Plan of Maynor Place, as of record in Book 843, page 24, Register's Office of said County.
>
> Said part of said lots front 63 feet on the northerly side of Maynor Avenue, and runs back between parallel lines, 160 feet to the southerly line of Lot No. 79.
>
> Being the same property conveyed to Bonnie Jean Bowlin by Quitclaim Deed from Milburn E. Bowlin of record in Book 5491, page 976, Register's Office of Davidson County.

We further state that the said Bonnie Jean Bowlin died intestate June 4, 1991, leaving four children.

This Affidavit of Heirship is freely given to help establish and reflect the heirship with respect to any real or personal property owned by Bonnie Jean Bowlin in Davidson County, Tennessee.

Further, affiants saith not.

Michael D. Bowlin

Gary W. Bowlin

Donna Sheri Bowlin Tucker

By: Ronald D. Bowlin
Ronald D. Bowlin
Attorney-in-Fact

Ronald D. Bowlin

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IDENTIFICATION REFERENCE

JUN 7 2 38 PM '93

DAVIDSON COUNTY, TN

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, the within named Ronald D. Bowlin, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledges that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 28th day of May, 1993.

Linda Cantrell
Notary Public

My Commission Expires: 11/27/93

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, the within named Michael D. Bowlin, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledges that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 28th day of May, 1993.

Linda Cantrell
Notary Public

My Commission Expires: 11/27/93

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, the within named Gary W. Bowlin, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledges that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 28th day of May, 1993.

Linda Cantrell
Notary Public

My Commission Expires: 11/27/93

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, the within named Ronald D. Bowlin, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledges that he executed the within instrument as the true and lawful attorney-in-fact for Donna Sheri Bowlin Tucker, by signing the name of the aforesaid Donna Sheri Bowlin Tucker, by himself as attorney-in-fact, for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 28th day of May, 1993.

Linda Cantrell
Notary Public

My Commission Expires: 11/27/93

HEIRSHIP.AFF

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

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

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

BOOK 8973 PAGE 521

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.

JUN 10 1991

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TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

9102631

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Bonnie Jean Paul
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): June 4, 1991
4. SOCIAL SECURITY NUMBER (of Deceased): 409-44-0114
5a. AGE – LAST BIRTHDAY (Years): 59
5b. UNDER 1 YEAR – MOS. / DAYS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 7/11/1931
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tenn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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): 909 Maynor Dr.
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville, Tenn.
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Bill E. Paul
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Assembly Line
12b. KIND OF BUSINESS/INDUSTRY: Oscar Mayer
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 909 Maynor Dr.
CENSUS TRACT: 5
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
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): 10; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Dottie Hargis
18. MOTHER'S NAME (First, Middle, Maiden Surname): Leona Justice

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Bill E. Paul
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 909 Maynor Dr. Nashville, Tenn. 37216

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): Spring Hill Cemetery
20c. LOCATION—City or Town, State: Nashville, Tenn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Robb Robinson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 346
21c. SIGNATURE OF EMBALMER: Michelle Petrino
21d. LICENSE NUMBER OF EMBALMER: 4188
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Co. 2707 Gallatin Rd. Nashville, Tenn. 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): June 10, 1991

CERTIFIER

26a. 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: William Pettus MD
26b. LICENSE NUMBER: MD-13685
26c. DATE SIGNED (Month, Day, Year): 6/6/91
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): Dr. William Pettus 2021 Church St. Suite 305 Nashville, Tenn. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Atherosclerotic Cardiovascular Disease — Approximate Interval Between Onset and Death: years

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.

SEE INSTRUCTIONS ON OTHER SIDE

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 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
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

PH-1859
RV-1-1991

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