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Prepared By:
Larry Edwards, Atty.
207-310 Ave. N.
Nashville, Tn 37201

AFFIDAVIT OF HEIRSHIP

Allen Chandley, hereinafter referred to as Affiant, being first duly sworn, makes oath as follows:

1. That Affiant resides at the following address:

1735 Stewarts Ferry Pike, Hermitage, Tennessee 37076;

2. That Affiant personally knew Rowena S. Sciple; deceased, hereinafter referred to as Decedent, and has personal knowledge of the family of Decedent by reason of the following:

I was her half-brother, both of us having the same mother.

3. That Affiant knew that at date of death, said decedent owned the following described real estate in Davidson County, Tennessee:

> LAND in the 14th Civil District of Davidson County, Tennessee, described according to a survey made by C. J. Carney, April 18, 1963, as follows: Beginning at a point on the easterly margin of Higdon Road at the northwest corner of the property conveyed to Herbert Jackson Biggs and wife, by deed from Dommie Higdon, of record in Book 3128, page 317, Register's Office, Davidson County, Tennessee; thence with Bigg's northern boundary line south 84 deg. east 432 feet to said Bigg's northeast corner; thence with said Bigg's eastern boundary line south 6 deg. east 295 feet to the center of spring branch; thence with same north 78 deg. east 201.5 feet and north 88 deg. west 66 feet, north 25 deg. 50 min. west 200 feet, north 15 deg. west 100 feet, north 31 deg. west 339 feet, north 32 deg. west 200 feet and north 3 deg. west 105 feet; thence south 86 deg. 30 min. west 300 feet; thence north 36 deg. 10 mini. west 130 feet; thence north 899 deg. west 172 feet to the center of Higdon Road; thence with same south 19 deg. west 498 feet and south 12 deg. west 300.7 feet; thence south 84 deg. east to the beginning containing 18.6 acres, more or less.

This is improved property, known as 5674 Higdon Road, Joelton, Tennessee.

4. That Decedent died on November 6, 1992, and was at the time a resident of Davidson County, Tennessee;

5. That Decedent died testate;

6. At the time of her death she was divorced from Larry Sciple's father and had been since 1962 and further she had not remarried;

7. That the following persons are ALL of the children born to or adopted by Decedent during her lifetime:

Charles Laurence Sciple

Born: March 3, 1952

8. That the following persons are all the brothers and sisters of the Decedent, both living and deceased (complete if Decedent is NOT survived by spouse, children or parent):

Affiant, Allen Chandley

Ralph P. Shepherd, Deceased Sep. 1973 A.C.

9. That the following persons constituted all of the heirs-at-law of Decedent at her date of death:

Charles Laurence Sciple, son

Allen Chandley, half-brother

10. That as of the date of execution of this Affidavit, the following persons constitute all of the heirs-in-law of Decedent (List name, age, relationship and present address):

Charles Laurence Sciple age 40 Son

115 Indian Hills Road

White Bluff, TN 37187

Allen Chandley age 39 Half-brother

1735 Stewarts Ferry Pike

Hermitage, TN 37076

Dated this ~~Feb~~ 21 day of Feburary, 1993.

ALLEN CHANDLEY

15404
IDENTIFICATION REFERENCE

94 FEB -7 AM 9:16
FELIX Z. ... REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

STATE OF TENNESSEE)
)
COUNTY OF Wilson)

Before me, Roberta Louise Gregory, a Notary Public in and for the State and County aforesaid, personally appeared the within named Affiant, Allen Chandley, with whom I am personally acquainted, who made oath that the statements contained in the foregoing Affidavit are true of Affiant's own knowledge.

WITNESS my hand and official seal at Old Hickory, Tennessee, this 22 day of Feb., 1993.

My Commission Expires:
July 21, 1996

Roberta Louise Gregory
NOTARY PUBLIC

NOTARY PUBLIC AT LARGE
STATE OF TENNESSEE

2998 02/07 0101 CKCHECK 16.50

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

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DEC 7 1992

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

STATE FILE NUMBER: 9205671

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Rowena Mae Sciple
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): Nov. 2, 1992
4. SOCIAL SECURITY NUMBER (for Decedent): 427-54-9599
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): Nov. 6, 1932
7. BIRTHPLACE (City and State or Foreign Country): Detroit, Michigan
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 [X] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville (MADISON)
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): School Teacher
12b. KIND OF BUSINESS/INDUSTRY: Education
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 5674 Higdon Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37080
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): 5½+; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thurman Prentiss Shepherd
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nina Mae Duncan

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Charles Lawrence Sciple
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 115 Indian Hills Rd., White Bluff, TN 37187

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cole & Garrett Crematory
20c. LOCATION – City or Town, State: Hendersonville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robert Anderson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 492
21c. SIGNATURE OF EMBALMER: ▶ Robert Anderson
21d. LICENSE NUMBER OF EMBALMER: 1954
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, P O Box 68, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED (Month, Day, Year): December 1, 1992

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 ▶
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):

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 ▶ Julia C. Goodin M.D.
26b. LICENSE NUMBER: 16308
26c. DATE SIGNED (Month, Day, Year): 11/25/92

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): Julia C. Goodin, M.D. 84 Hermitage Ave.,Nashville, TN 37210-2110

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.	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	
DUE TO (OR AS A CONSEQUENCE OF): b.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. 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: Malaria

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 [X] Natural 6 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 5 [ ] 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):

BRRH NO. _____

FH-1050 REV 1/89

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