AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

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The undersigned, being duly sworn upon oath, deposes and says: Verna Irene Whited Neal, a widow and unmarried, at the time of her death, was the sole owner of the following described property. The said Verna Irene Whited Neal, died in Nashville, Davidson County, Tennessee, on June 14, 1999. (See attached certificate of death).

Said property consisting of, but not limited to, certificates of deposit (CDs), all monies on deposit in various checking and/or savings accounts located at Union Planters Bank, Regions Bank and First Union National Bank; any and all H Bonds, EE Bonds, and any and all stocks in various companies.

The said Courtney C. Neal, (married) is the only child of the deceased Verna Irene Whited Neal.

The said Verna Irene Whited Neal, died intestate with the affiant herein, Courtney C. Neal receiving all of Verna Irene Whited Neal's interest in the above described property by the Laws of Descent and Distribution of the State of Tennessee.

The affiant herein being the only issues of the said Verna Irene Whited Neal, there being no other issue or adopted children being deceased and leaving issue.

July 20, 1999
Date

Courtney C. Neal
Courtney C. Neal

STATE OF TENNESSEE

COUNTY OF DAVIDSON

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Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, Courtney C. Neal, the within named bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 20th day of July, 1999.

Richard E. Norman, Jr.
Notary Public

My Commission Expires: 2-22-02

THIS INSTRUMENT PREPARED BY:

Richard E. Norman, Jr., Attorney at Law
4220 Nolensville Road
Nashville, TN. 37211
(615) 834-4300

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AM 22 JUL 22 AM 10:12

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

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.

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F 99 8165

TYPE PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT (If not by physician or institution)

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): VERNA IRENE WHITED NEAL

2 SEX: F

3 DATE OF DEATH (Month, Day, Year): JUNE 14, 1999

4 SOCIAL SECURITY NUMBER (of Deceased): [redacted]-8858

5a AGE-LAST BIRTHDAY (Years): 85

5b UNDER 1 YEAR (Months) / 5c UNDER 1 DAY (Hours, Min.)

6 DATE OF BIRTH (Month, Day, Year): OCT. 23, 1913

7 BIRTHPLACE (City and State or Foreign Country): CHAMPION, ALABAMA

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

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

9b FACILITY NAME (If not institution, give street and number): SOUTHERN HILL MEDICAL CENTER

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)

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): HOMEMAKER

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: 249 SUNRISE AVENUE

CENSUS TRACT

13e INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No

13f ZIP CODE: 37211

14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] No

15 RACE - American Indian, Black, White, etc. (Specify): WHITE

16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): JAMES WILLIAM WHITED

18 MOTHER'S NAME (First, Middle, Maiden Surname): EMMA ADELINE FENDLEY

INFORMANT

19a INFORMANT'S NAME (Type/Print): COURTNEY C. NEAL

19b RELATIONSHIP TO DECEASED: SON

19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 249 SUNRISE AVENUE NASHVILLE, TENNESSEE 37211

DISPOSITION

20a METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [XX] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): OAK HILL CEMETERY

20c LOCATION - City or Town, State: ONEONTA, ALABAMA

21a SIGNATURE OF FUNERAL DIRECTOR: BOBBY COMPTON

21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2927

21c SIGNATURE OF EMBALMER: GEORGE A. DOBBS

21d LICENSE NUMBER OF EMBALMER: 4337

22a NAME AND ADDRESS OF FUNERAL HOME: ROESCH-PATTON, AUSTIN, BRACEY AND CHARLTON 1715 BROADWAY NASHVILLE, TENNESSEE 37203

22b LICENSE NUMBER OF FUNERAL HOME: 121

REGISTRAR

23 REGISTRAR'S SIGNATURE: Ole Ann L. Brien

24 DATE FILED (Month, Day, Year): June 23, 1999

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: Mary C. McElaney

25b LICENSE NUMBER: MD018986

25c DATE SIGNED (Month, Day, Year): 6/21/99

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. MARY McELANEY, 397 WALLACE ROAD #415 NASHVILLE, TENNESSEE 37211

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. (COPD) DUE TO (OR AS A CONSEQUENCE OF): 6 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.

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

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 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:

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):

PH 1659
REV. 2-91

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