Form No. WD-3

Affidavit of heirship as to real property at 356 Leo Lane, Nashville, Tenn. 37211

For draftsman's use

Affidavit of heirship drafted by:
Spiller Campbell, Jr., Atty.,
504 Stahlman Bldg., 211 Union St.,
Nashville, Tenn. 37201
Pho: (615) 244-7631

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Benny Ray Seaton (NAME)	Same as to the left (NAME)	Map 148-5
2800 Brown Chapel Rd., (STREET ADDRESS OR ROUTE NUMBER)	" " " " " (STREET ADDRESS)	Par: 178
Boonville, Indiana 47601 (CITY) (STATE) (P. O. ZIP)	" " " " " (CITY) (STATE) (ZIP)	5 DU 02743

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

BENNY RAY SEATON, upon being duly sworn, according to law, deposes and says:

1. That deponent, or affiant, is a citizen and a resident of 2800 Brown Chapel Road, Boonville, Indiana 47601 where he resides; and

2. That deponent,or affiant, is the sole beneficiary under the will of Ruth L. Seaton, deceased as of August 14, 1999, a copy of her death certificate is attached hereto as exhibit "A"; and

3. That the will of the said Ruth L. Seaton, deceased, a copy of which is attached hereto as exhibit "B", was probated and filed of record in Will Book 230, Page 89, in the Office of Richard R. Rooker, Clerk of Probate Court of Davidson County, Tennessee; and

4. That, although the said Ruth L. Seaton conveyed to her son, Keats E. Seaton, her homeplace 356 Leo Lane, Nashville, Tennessee, subject to a life estate reserved to her, Ruth L. Seaton, as of record in Book 7482, page 327, Register's Office for Davidson County, Tennessee, her son, the said Keats E. Seaton,died intestate, predeceasing the said Ruth L. Seaton on the 26th. day of June, 1999, a copy of his death certificate is attached hereto as exhibit "C"; and

5. That Gaines and Gaines Construction Company, Inc. did on the16th. day of September, 1957 convey to Lucas B. Seaton and wife, Ruth L. Seaton, the property located on 356 Leo Lane in Nashville, Tennessee by warranty deed of record in Book 2697, Page 317, Register's Office for Davidson County, Tennessee, as described to-wit:

Land in Davidson County, Tennessee, being Lot No. 35 on the Plan of Haywood Heights, Section 2, of record in Book 2663, Page 13, Register's Office for said County.

Said Lot No. 35 fronts 80 feet on the notherly side of Leo Lane and runs back 200 feet on the westerly line and 220 feet on the easterly line to a dead line in the rear, measuring 82.4 feet thereon.

6. That the husband of Ruth L. Seaton, the said Lucas B. Seaton, predeceased Ruth L. Seaton dying March 2, 1984; and

7. That the said Keats E. Seaton, the son of Ruth L. Seaton, died without surviving issue and children, and without surviving brothers and sisters and their issue, being survived by his mother, Ruth L. Seaton, as his sole surviving heir-at-law.

FURTHER AFFIANT OR DEPONENT SAITH NOT.

Benny Ray Seaton
BENNY RAY SEATON, Affiant or Deponent

Sworn to and subscribed to before me this 29th day of September, 1999.

Beverly M. Nobbs
Notary Public

My Commission expires: 3-23-03

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, Beverly M. Nobbs a Notary Public in and for said County and State, the within named Benny Ray Seaton, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that he executed the foregoing and within instrument for the purposes therein contained.

Witness my hand and seal of office at Nashville, Tennessee, this 29th day of September, 1999.

Beverly M. Nobbs
Notary Public

My Commission expires: 3-23-03

PICK-UP

0640758
IDEN
REFERENCE
99 SEP 29 PM 12:46
REGISTER
DAVIDSON COUNTY, TN.
3696 09/29 0101 CHECK 34.00

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

BOOK 11680 PAGE 148

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
CERTIFICATE OF DEATH

STATE FILE NUMBER

1 DECEDENT'S NAME (First, Middle, Last): RUTH LOIS SEATON
2 SEX: FEMALE
3 DATE OF DEATH (Month, Day, Year): AUGUST 14, 1999
4 SOCIAL SECURITY NUMBER (of Deceased): [redacted]-6989
5a AGE LAST BIRTHDAY (Years): 75
5b UNDER 1 YEAR: MONTHS / DAYS
5c UNDER 1 DAY: HOURS / MIN
6 DATE OF BIRTH (Month, Day, Year): DEC. 12, 1923
7 BIRTHPLACE (City and State or Foreign Country): HENDERSON COUNTY, KENTUCKY
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a PLACE OF DEATH (check only one): HOSPITAL 1 [X] Inpatient 2 [ ] E.R./Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b FACILITY NAME (If not institution, give street and number): SOUTHERN HILLS HOSPITAL
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: SELF
13a RESIDENCE STATE: TENN.
13b COUNTY: DAVIDSON
13c CITY, TOWN OR LOCATION: NASHVILLE
13d STREET AND NUMBER OR RURAL LOCATION: 356 LEO LANE
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] 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 [X] 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+):
17 FATHER'S NAME (First, Middle, Last): NAPOLIA HEPPLER
18 MOTHER'S NAME (First, Middle, Maiden Surname): LELA S. DAYVOLT
19a INFORMANT'S NAME (Type/Print): BENNY SEATON
19b RELATIONSHIP TO DECEASED: NEPHEW
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2800 BROWN CHAPEL ROAD BOONEVILLE, INDIANA 47601
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): AFFILIATED CREMATORY
20c LOCATION (City or Town, State): NASHVILLE, TENN.
21a SIGNATURE OF FUNERAL DIRECTOR: ▸ Wendell T Byrd
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c SIGNATURE OF EMBALMER: ▸ N/A
21d LICENSE NUMBER OF EMBALMER:
22a NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b LICENSE NUMBER OF FUNERAL HOME: 396
23 REGISTRAR'S SIGNATURE: ▸ Marsha H Gould
24 DATE FILED (Month, Day, Year): August 16, 1999
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: ▸ Tracy O Boone MD
25b LICENSE NUMBER: MD29079
25c DATE SIGNED (Month, Day, Year): 8/14/99
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):
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

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

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.	Portal HTN	months
DUE TO (OR AS A CONSEQUENCE OF) b.	ETOH abuse	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 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: PUD

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 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):

BURIAL NO.

Ex "A"

PH-1659
REV 2 93

RDA 1399

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

LAST WILL AND TESTAMENT OF RUTH L. SEATON

I, RUTH L. SEATON, presently residing at 356 Leo Lane, Nashville, Tennessee, being of sound mind and disposing memory, do hereby make, publish, and declare this to be my Last Will and Testament, hereby expressly revoking any and all Wills and Codicils heretofore made by me.

ARTICLE I
FAMILY

My two children and my husband are deceased, and I have no grandchildren.

ARTICLE II
CLAIMS AND TAXES

I direct my Executor to pay out of my residuary estate the following:

Section 1. The expenses of my last illness, administration expenses, all legally enforceable creditor claims.

Section 2. All Federal estate taxes, state inheritance taxes and all other governmental charges imposed by reason of my death, without seeking reimbursement from or charging any person for any part of the taxes and charges paid.

Section 3. If necessary, reasonable funeral expenses, including the cost, if any, of a suitable marker for my grave, without the necessity of an order of court approving such expense.

ARTICLE III
EXECUTOR

I appoint BENNY RAY SEATON to act as my Executor. To the extent permitted by law, the Executor shall serve without bond.

ARTICLE IV
TANGIBLE PERSONAL PROPERTY

Unless otherwise specifically provided, my Executor shall deliver all tangible personal property to one of my nephews, Benny Ray Seaton. . If Benny Ray Seaton predeceases me, his share shall be distributed to his issue by right of representation.

"Tangible personal property" means personal (not primarily used in a business) boats, books, china, clothing, furnishings, furniture, glass, household items, jewelry, lawn and garden equipment, motor vehicles, personal effects, pictures, recreational items, rugs, silver, works of art, and any other similar items, and includes any insurance on those assets. My Executor shall determine which items are within this definition, and the determination shall bind all persons.

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

Initials R L S Ex "B

ARTICLE V
DISTRIBUTION OF RESIDUE

I give the residue of my estate to one of my nephews, BENNY RAY SEATON or, if he fails to survive me, then I give the residue of my estate to BENNY RAY SEATON's issue by right of representation.

ARTICLE VI
CONTINGENT DISTRIBUTION OF RESIDUE

If all of my residuary devisees fail to survive me, I direct that my residuary estate be distributed to my heirs-at-law, as determined by the Tennessee laws of intestate succession in existence at the time of the execution of this Will.

ARTICLE VII
SURVIVORSHIP REQUIREMENT

Unless otherwise specifically provided, a beneficiary of my Will who fails to survive me by 30 days shall be deemed to have predeceased me and shall not share in my estate. The share of such beneficiary shall be distributed as directed by the provisions stated in my Will.

ARTICLE VIII
ADDITIONAL PROVISIONS

Section 1. I direct that my Will be interpreted under the laws of the State of Tennessee.

Section 2. Reference to Executor, Trustee and Guardian shall always refer to the parties then acting in those capacities, whether original or serving as successors.

Section 3. Paragraph headings are for convenience only; the content of the paragraph controls over the heading. Any reference to any party herein in whatever gender shall be deemed to mean the appropriate gender.

Section 4. To the extent permitted by applicable law, no fiduciary appointed herein shall be required to furnish bond, or file any inventory or accountings with any court.

Section 5. I direct that my body be cremated as soon after my death as possible.

ARTICLE IX
POWERS AND DUTIES OF MY EXECUTOR

I authorize my Executor to do any of the following, if necessary, in the course of the administration of my estate:

A. To make repairs or improvements to my property, as may be deemed necessary to preserve or enhance the value of my estate.

B. To sell or convey any part of my estate whether real, personal or mixed (for cash or on credit) at a public or private sale.

Initials: Ruth Seaton

C. To borrow funds for use in estate administration if there are insufficient liquid assets in my estate.

D. To employ persons, including attorneys, investment advisors, or other agents for assistance or advice, or not to employ such persons, as my Executor deems appropriate.

In addition, my Executor is authorized to perform any act which the applicable laws of the State of Tennessee, including those specifically enumerated in Section 35-50-110 Tennessee Code Annotated, authorize an executor or fiduciary to perform.

I sign this Will on the 25 day of July, 1999.

Ruth L Seaton
RUTH L. SEATON

STATEMENT OF WITNESSES

This document, consisting of 3 pages including this page, was signed by RUTH L. SEATON on the 25th day of July, 1999 as her Last Will and Testament in our presence. Further we have signed our names as witnesses at her request in each other's presence.

William C. Sparkes
230 WILLOW LANE
NASHVILLE, TN 37211

Emily D. McA...
1522 Linnie Ave.
Nashville, TN 37212

AFFIDAVIT OF ATTESTING WITNESSES TO WILL

Camille D. McNutt and William A. Sparks having first been duly sworn according to law, do depose and say:

1. That we are adult citizens of the State of Tennessee.

2. That we witnessed the execution of the Last Will and Testament of RUTH L. SEATON, the Testatrix, dated the 25th day of July, 1999, to which paper writing this affidavit is attached, and that this affidavit is being made at the request of the Testatrix and in accordance with Tennessee code Annotated, Section 32-2-110.

3. That the Testatrix, in our common presence, sight and hearing, declared said paper writing to be, and signed same as and for, her Last Will and Testament.

4. That our signatures as witnesses are affixed to said Last Will and Testament; that we signed or affixed the same at the instance and request of the Testatrix and in her presence and in the presence of each other, at the place and on the date recited in said Last Will and Testament for the express purpose of attesting to her signature and act of execution.

5. That the Testatrix was, in the opinion of each of us, of sound mind and disposing memory at the time she executed said Last Will and Testament.

Camille D. McNutt

William A. Sparks

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn to and subscribed before me this 25th day of July, 1999.

Kyrell Wallace McNutt
Notary Public

My Commission Expires: Jan 23, 2003

STATE OF TENNESSEE, DAVIDSON COUNTY

I Richard R. Rooker, Clerk of the Probate Court of Davidson County, State aforesaid, do certify that the foregoing is a full, true and complete copy, of the original on file in my office. Will Book 230 Page 89

Given under my hand and official seal, at office, in Nashville, this 24 of September 19 99.

RICHARD R. ROOKER, CLERK

By Lynn Lindsey
Deputy Clerk

Rutherford County

Department of Health

303 N. Church Street P.O. Box 576
Murfreesboro, Tennessee 37133-0576

BOOK 11680 PAGE 153

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1 DECEDENT'S NAME (First, Middle, Last): KEATS EDWARD SEATON
2 SEX: MALE
3 DATE OF DEATH (Month, Day, Year): JUNE 26, 1999
4 SOCIAL SECURITY NUMBER: [redacted]-4287
5a AGE (LAST BIRTHDAY): 56
5b UNDER 1 YEAR (Months / Days)
5c UNDER 1 DAY (Hours / Minutes)
6 DATE OF BIRTH (Month, Day, Year): NOV. 10, 1942
7 BIRTHPLACE (City and State or Foreign Country): EVANSVILLE, INDIANA

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 [X] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b FACILITY NAME (If not institution, give street and number): MIDDLE TENN. MEDICAL CENTER
9c CITY, TOWN OR LOCATION OF DEATH: MURFREESBORO
9d COUNTY OF DEATH: RUTHERFORD
10 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): NEVER MARRIED
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): BRAKEMAN
12b KIND OF BUSINESS/INDUSTRY: RAILROAD
13a RESIDENCE STATE: TENN.
13b COUNTY: DAVIDSON
13c CITY, TOWN OR LOCATION: NASHVILLE
13d STREET AND NUMBER OR RURAL LOCATION: 356 LEO LANE
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] 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 [X] 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): LUCAS BENNY SEATON
18 MOTHER'S NAME (First, Middle, Maiden Surname): RUTH JOYCE HEPPLER

INFORMANT

19a INFORMANT'S NAME (Type/Print): RUTH SEATON
19b RELATIONSHIP TO DECEASED: MOTHER
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 356 LEO LN., NASHVILLE, TN 37211

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): TENN. VETERANS CEMETERY
20c LOCATION City or Town, State: NASHVILLE, TENN.

FUNERAL DIRECTOR

21a SIGNATURE OF FUNERAL DIRECTOR: William R. Appleton
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c SIGNATURE OF EMBALMER: [signature]
21d LICENSE NUMBER OF EMBALMER: 5170
22a NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23 REGISTRAR'S SIGNATURE: Barbara Earp
24 DATE FILED (Month, Day, Year): July 19, 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
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: Robert S. Sanders, MD
26b LICENSE NUMBER: 2508
26c DATE SIGNED (Month, Day, Year): July 15, 1999
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Robert S. Sanders, MD, PO Box 1275, Murfreesboro, TN 37133-1275

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

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. Arteriosclerotic Cardiovascular disease	
	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.	

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 [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 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)

FH-659
REV. 2-93

RDA 1399

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND EXACT COPY OF THE RECORD FILED WITH THE DIVISION OF VITAL RECORDS, TENNESSEE DEPARTMENT OF HEALTH, BY THE LOCAL HEALTH DEPARTMENT. THIS IS VALID ONLY WHEN THE EMBOSSED SEAL OF THE ISSUING LOCAL HEALTH DEPARTMENT IS AFFIXED.

Barbara Earp — REGISTRAR
7/19/99 — DATE

Ex. "C"

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