Prepared By: Mark A. Ellmore, Attorney
388 Harding Place, Ste. C
Nashville, Tennessee 37211

33A

Instr:200003290031686 Page: 1 OF 4
REC'D FOR REC 03/29/2000 3:27:32PM
RECORD FEE: $18.00
M. TAX: $0.00 T. TAX: $0.00

AFFIDAVIT OF HEIRSHIP

The undersigned individuals, Lisa Maria Corbin and Severin J. Hymel, Jr. after first being duly sworn hereby acknowledge and attest that the only known heirs of Severin J. Hymel, Sr. and wife, Rita Mae Folse Hymel of 9346 Old Nashville Hwy., Smyrna, TN 37167 are: 1) Severin J. Hymel, Jr. 9346 Old Nashville Hwy., Smyrna, TN 37167, 2) Lisa Maria Corbin, 5509 Buzzard Creek Road, Cedar Hill, TN 37032, and 3.) David Mark Hymel, (deceased). Severin J. Hymel, Jr. and Lisa Maria Corbin certify that they are the sole surviving children of Severin J. Hymel, Sr. and Rita Mae Folse Hymel. David Mark Hymel is now deceased and was unmarried without issue. Therefore no other person had, has, or will have an interest in the real property known as 1900 Old Murfreesboro Road, Nashville, TN 37217 except for the heirs of Severin J. Hymel, Sr. and wife, Rita Mae Folse Hymel who have signed this documentation regarding same. No other heirs of Severin J. Hymel, Sr. and wife, Rita Mae Folse Hymel are known to exist at law regarding the real property to be sold known as 1900 Old Murfreesboro Road, Nashville, TN 37217.

Witness our hand and seal this 23rd day of March, 2000.

SEVERIN J. HYMEL, JR.

Lisa Marie Corbin
LISA MARIA CORBIN

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me the undersigned a Notary Public the within named Severin J. Hymel, Jr. and Lisa Maria Corbin the bargainors with whom I am acquainted (or proved to me on the basis of satisfactory evidence) that they executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this the 23rd day of March, 2000.

1-25-2003
My commission expires:

Notary Public

MARK A. ELLMORE, JR.
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

See Collective Exhibit "A"

Collective Exhibit "A"

Department of Health
909 N. Church Street P.O. Box 576
Murfreesboro, Tennessee 37133-0576

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): SEVERIN JOSEPH HYMEL
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): FEBRUARY 23, 1999
4 SOCIAL SECURITY NUMBER (If Deceased): 433-34-4865
5a AGE-LAST BIRTHDAY (years): 74
5b UNDER 1 YEAR (Months): 5c UNDER 1 DAY (Days, Hours, Minutes)
6 DATE OF BIRTH (Month, Day, Year): 7-30-1924
7 THIRD PLACE (City and State or Foreign Country): WALLACE, LA
DECEDENT EVER IN U.S. ARMED FORCES? 1 [XX] Yes 2 [ ] No
8a PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [XX] Residence 6 [ ] Other (Specify)
9b FACILITY NAME (If not institution, give street and number): 9346 OLD NASHVILLE HIGHWAY
9c CITY, TOWN, OR LOCATION OF DEATH: SMYRNA
9d COUNTY OF DEATH: RUTHERFORD
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): BUTCHER
12b KIND OF BUSINESS/INDUSTRY: MORRISON/ FOOD SERVICES
13a RESIDENCE STATE: TENNESSEE
13b COUNTY: RUTHERFORD
13c CITY, TOWN OR LOCATION: SMYRNA
13d STREET AND NUMBER OR RURAL LOCATION: 9346 OLD NASHVILLE HIGHWAY
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f ZIP CODE: 37167
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): 11 College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17 FATHER'S NAME (First, Middle, Last): SEVERIN JOSEPH HYMEL
18 MOTHER'S NAME (First, Middle, Maiden Surname): HENRIETTE TEMPLAIN

INFORMANT

19a INFORMANT'S NAME (Type/Print): SEVERIN A. HYMEL
19b RELATIONSHIP TO DECEASED: SON
19c MAILING ADDRESS (Street or P.O. Number, or Rural Route Number, City or Town, State, Zip Code): 9346 OLD NASHVILLE HIGHWAY SMYRNA, TENNESSEE 37167

DISPOSITION

20a METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN MEMORIAL PARK
20c LOCATION City or Town, State: NASHVILLE, TENNESSEE
21a SIGNATURE OF FUNERAL DIRECTOR: TRE' EVERSON
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4884
21c SIGNATURE OF EMBALMER: STEPHEN L. McVAY
21d LICENSE NUMBER OF EMBALMER: 4976

REGISTRAR

22a NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE NASHVILLE, TENNESSEE 37204
22b LICENSE NUMBER OF FUNERAL HOME: 933
23 REGISTRAR'S SIGNATURE: Cheryl L Peaster
24 DATE FILED (Month, Day, Year): 3/4/99

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: MD-023734
25c DATE SIGNED (Month, Day, Year): 3/1/99
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): DR. JOHN M. GUENST, 4230 HARDING ROAD #400 NASHVILLE, TENNESSEE 37205

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.	COPD	20 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): Smoking	>40 years
c.	DUE TO (OR AS A CONSEQUENCE OF):	
d.	DUE TO (OR AS A CONSEQUENCE OF):	

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

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 [X] 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:
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)

FHI 1859
REV 2-93

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 — 5/17/99
REGISTRAR — DATE

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.

99 0373

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): RITA MAE FOLSE HYMEL
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): JANUARY 31, 1999
4. SOCIAL SECURITY NUMBER (or Deceased): [redacted]-0830
5a. AGE LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 24 HOURS (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): MAY 2, 1925
7. BIRTHPLACE (City and State or Foreign Country): LUTCHER, LA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ___ Yes 2 XX No
9a. PLACE OF DEATH (Check only one): 1 ___ Inpatient 2 ___ ER/Outpatient 3 ___ DOA 4 XX Nursing Home 5 ___ Residence 6 ___ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): I. H. S.
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): SEVERIN JOSEPH HYMEL
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: RUTHERFORD
13c. CITY, TOWN, OR LOCATION: SMYRNA
13d. STREET AND NUMBER OR RURAL LOCATION: 9346 OLD NASHVILLE HIGHWAY
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 XX Yes 2 ___ No
13f. ZIP CODE: 37167
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) ___ Yes 0 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): JOE FOLSE
18. MOTHER'S NAME (First, Middle, Maiden Surname): BEULA HERNANDEZ

INFORMANT

19a. INFORMANT'S NAME (Type/Print): SEVERIN HYMEL
19b. RELATIONSHIP TO DECEASED: HUSBAND
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9346 OLD NASHVILLE HIGHWAY SMYRNA, TENNESSEE 37167

DISPOSITION

20a. METHOD OF DISPOSITION: 1 XX Burial 2 ___ Cremation 3 ___ Removal from State 4 ___ Donation 5 ___ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN MEMORIAL PARK
20c. LOCATION-City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: RODNEY WELLS
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3883
21c. SIGNATURE OF EMBALMER: STEPEHN L. McVAY
21d. LICENSE NUMBER OF EMBALMER: 4976
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAND FUNERAL HOME 660 THOMPSON LANE NASHVILLE, TENNESSEE 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Phillip Vincent Brazen
24. DATE FILED (Month, Day, Year): February 10 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: Deborah J. Montgomery
25b. LICENSE NUMBER: 21451
25c. DATE SIGNED (Month, Day, Year): 2/5/99
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): DR. DEBORAH MONTGOMERY, 5651 FRIST BLVD. #409 FERMITAGE, TENNESSEE 37076

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

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Progressive Dementia
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: Diabetes, Hypertension, Atherosclerotic Cardiovascular Disease
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? ___ Yes ___ 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. _____

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.

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

9002855

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): DAVID MARK HYMEL
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 18, 1990
4. SOCIAL SECURITY NUMBER (of Deceased): 265-08-9212
5a. AGE — Last Birthday (Yrs.): 36
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 2/22/1954
7. BIRTHPLACE (City and State or Foreign Country): Lutcher, La.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. 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): 625 Benton Ave. #910
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
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): Designer
12b. KIND OF BUSINESS/INDUSTRY: Floral
13a. RESIDENCE — STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 625 Benton Ave. #910
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37204
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): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Severin J. Hymel, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Rita Mae Folse

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Severin J. Hymel, Sr.
19b. RELATIONSHIP TO DECEASED: Father
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1900 Old Murfreesboro Rd. Nashville, Tenn. 37217

NAME OF DECEDENT: For use by Physician or Institution

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, Tenn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Michael R. Porter
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2573
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Funeral Home, Inc. 1021 Russell St. Nashville, Tenn. 37206
22b. LICENSE NUMBER OF FUNERAL HOME: 644

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): June 20, 1990

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: Mark Jacokes MD
25b. LICENSE NUMBER: MD 019049
25c. DATE SIGNED (Month, Day, Year): 6/1/90
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: MD 019049
26c. DATE SIGNED (Month, Day, Year): 6/1/90

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): Mark Jacokes, M.D.

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.	Shock DUE TO (OR AS A CONSEQUENCE OF):	3 days
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Volume depletion DUE TO (OR AS A CONSEQUENCE OF):	2 weeks
	c. Acquired immunodeficiency syndrome DUE TO (OR AS A CONSEQUENCE OF):	3 years
	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 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):