This Instrument Prepared by:

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915 Jefferson Street
Nashville, Tennessee 37208

Instr:200004140037697 Page: 1 OF 2
REC'D FOR REC 04/14/2000 10:04:59AM
RECORD FEE: $10.00
M. TAX: $0.00 T. TAX: $0.00

AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

PICK-UP

COMES now **LAWRENCE L. HALL,** husband and heir of **VEEDA L. HALL** in this cause, having been duly sworn, who would state to the court as follows:

1. My name is Lawrence L. Hall. I currently reside at 1249 Sioux Terrace, Madison, Davidson County, Tennessee.

2. My wife, Veeda L. Hall, died on June 11, 1998. Attached is a copy of the death certificate.

4. I am the surviving spouse to the Estate of Veeda L. Hall, and as such I am the rightful owner of the property described below:

> LAND in the 11th Civil District of Davidson County, Tennessee, being Lot 147, Sequoia Valley Subdivision, Section 3, as of record in Book 4460, Page 83, Register's Office for said County, and being more particularly described as follows:
>
> BEGINNING at an iron pin in the easterly margin of Sioux Terrace, being 101.1 feet from the intersection of Canton Pass, and the common corner of Lots 147 and 148; thence north 52 deg. 11' east 132.6 feet to a concrete monument; thence north 76 deg. 22' east 115.9 feet to a concrete monument; thence south 14 deg. 6' east 71.3 feet to an iron pin; thence south 56 deg. 56' west 214.6 feet to an iron pin in the easterly margin of Sioux Terrace; thence with said margin of said Terrace northerly 95.3 feet to the point of beginning.
>
> BEING the same property conveyed to Veeda L. Hall by deed from Dwight D. Sesler and wife, Faye B. Sesler, and of record in Deed Book 16781, Page 75, Register's Office for Davidson County, Tennessee.

This is improved property known as 1249 Sioux Terrace, Madison, Davidson County, Tennessee.

WITNESSED this the 12th day of April, 2000.

Lawrence L Hall
LAWRENCE L. HALL

Sworn to and subscribed before me on this 12th day of April, 2000.

R S Glanton
NOTARY PUBLIC
My Commission Expires: January 25, 2003.

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

APR 22 2003

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.

John T. Dunn LOCAL REGISTRAR

980321

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Veeda Boleyjack Hall
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 6-11-98
4. SOCIAL SECURITY NUMBER: [redacted]-3903
5a. AGE-LAST BIRTHDAY (Years): 35
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours / Days)
6. DATE OF BIRTH (Month, Day, Year): 7-2-62
7. BIRTHPLACE (City and State or Foreign Country): Davidson County
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 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Centennial Medical Center
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): Larry Hall
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Computer Programmer
12b. KIND OF BUSINESS/INDUSTRY: E.D.S.
13a. RESIDENCE-STATE: TN.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1249 Sioux Terrace
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12); College (1-4 or 5+)

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Lucius Boleyjack
18. MOTHER'S NAME (First, Middle, Maiden Surname): Gloria Stewart

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Larry Hall
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1249 Sioux Terrace Madison, TN. 37115

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): Greenwood
20c. LOCATION-City or Town, State: Nashville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: Melvin J. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: Arthur Jackson
21d. LICENSE NUMBER OF EMBALMER: 3167
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors 706 Monroe St. Nashville, TN. 37208
22b. LICENSE NUMBER OF FUNERAL HOME: #809

REGISTRAR

23. REGISTRAR'S SIGNATURE: Helen A. Bowen
24. DATE FILED (Month, Day, Year): June 22, 1998

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: Nancy W. Brock MD
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year): 6/18/98
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.

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Hodgkin's Disease DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death: 2 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.
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. 2-93

BIRTH NO

RDA 1399