This Instrument Prepared by:

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Nashville, Tennessee 37208

PICK-UP

AFFIDAVIT

Instr:200006220062244 Page: 1 OF 2
REC'D FOR REC 06/22/2000 12:00:06PM
RECORD FEE: $10.00
M. TAX: $0.00 T. TAX: $0.00

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

COMES now **MARY JANE TERRY,** wife and heir of **LARRY DEAN TERRY** in this cause, having been duly sworn, who would state to the court as follows:

1. My name is Mary Jane Terry. I currently reside at 1474 Snell Boulevard, Nashville, Davidson County, Tennessee.

2. My husband, Larry Dean Terry, died on January 25, 2000. Attached is a copy of the death certificate.

3. I am the surviving spouse and heir to the Estate of Larry Dean Terry and as such I am the rightful owner of the property described below:

LAND in Davidson County, Tennessee, being Lot No. 357 on the Plan of Bordeaux Hills, Section 2, of record in Book 3600, Page 7, said Register's Office.

SAID Lot No. 357 fronts 58.0 feet on the southerly side of Snell Boulevard and runs back 156.50 feet on the westerly lot line and 165.7 feet on the easterly lot line to a line in the rear which measures 58.68 feet thereon.

BEING the same property conveyed to Larry D. Terry by deed of record in Deed Book 7407, Page 490, Register's Office for Davidson County, Tennessee.

This is improved property known as 1474 Snell Boulevard, Nashville, Davidson County, Tennessee.

WITNESSED this the 22nd day of JUNE, 2000.

Mary J. Terry
MARY JANE TERRY

Sworn to and subscribed before me on
this 22nd day of JUNE, 2000.

NOTARY PUBLIC
My Commission Expires: 7/28/2001

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

JAN 28 2000

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 F. Dunne
LOCAL REGISTRAR

0010851

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

Terry, Larry - 11

NAME OF DECEDENT: For use by Physician or Institution

CENSUS TRACT

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): LARRY DEAN TERRY
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): 01/25/2000
STATE FILE NUMBER
4. SOCIAL SECURITY NUMBER (of Deceased): 412-88-4978
5a. AGE-LAST BIRTHDAY (Years): 46
5b. UNDER 1 YEAR (MOS. / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): 10/10/53
7. BIRTHPLACE (City and State or Foreign Country): Springfield, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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): 1474 Snell Boulevard
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): Mary Jean Holbert
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Truck Driver
12b. KIND OF BUSINESS/INDUSTRY: Metro Gov't.
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1474 Snell Blvd.
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes O [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+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Buford Willie Terry
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ernestine Fyke

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary Jean Terry
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1474 Snell Blvd. Nashville, TN 37218

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 Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: #3167
21c. SIGNATURE OF EMBALMER: Patrick Tucker
21d. LICENSE NUMBER OF EMBALMER: #5072
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS, 706 Monroe Street, Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: #0809

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): January 28, 2000

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the 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 date and place, and due to the cause(s) and manner as stated.
2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER: 29160
26c. DATE SIGNED (Month, Day, Year): 1/26/2000

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): Bruce P. Levy, M.D.; 84 Hermitage Ave; Nashville TN 37210; MEC00-0222

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Hypertensive 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.
Approximate Interval Between Onset and Death

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

BIRTH NO.

PH-1659
REV. 3-98

RDA 1399