AFFIDAVIT OF INHERITANCE

Davidson County AFFIDAVIT
Recvd: 10/29/01 12:02 3pgs
Fees:17.00 Taxes:0.00
20011029-0117598

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, being duly sworn upon oath, depose and state that: Patricia Hill Roddy, died on August 10, 2001 and was a resident of Nashville, Davidson County, Tennessee. (See attached certificate of death). At the time of her death, she owned certain personal property, as follows:

> The personal property including, but not limited to, an insurance policy through Amoco Insurance Plans, underwritten by Combined Insurance Company of America, and any and all monies on deposit at financial institutions and other property of value.

At the time of the Decedent's death, she was unmarried, had no living issue, nor deceased issue leaving issue, adopted or otherwise. Her father was deceased and her mother, Mable K. Hill, was the closest surviving heir, who executed a disclaimer in the Decedent's estate on the 12th day of October, 2001. (see ~~attached~~ disclaimer recorded as Instrument # 20011029-0117597

The affiants, Grace Julene White and William Robert Hill are the brother and sister of the deceased, Patricia Hill Roddy, there being no other surviving siblings, nor children of any deceased sibling, adopted or otherwise. Grace Julene White and William Robert Hill are now the closest next of kin to the Decedent and are the only heirs to the Decedent's estate by the Laws of Descent and Distribution of the State of Tennessee, as a direct result of the waiver of Mable K. Hill.

10-22-01
Date

Grace Julene White
Grace Julene White

10-25-01
Date

William Robert Hill
William Robert Hill

STATE OF TENNESSEE

COUNTY OF DAVIDSON

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

Witness my hand and official seal at Nashville, Tennessee, this the 22nd day of October, 2001.

Notary Public

My Commission Expires:

STATE OF ALABAMA

COUNTY OF Montgomery

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, William Robert Hill, 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 Montgomery, Alabama, this the 25th day of October, 2001.

Notary Public

My Commission Expires:

THIS INSTRUMENT PREPARED BY:

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

AFFINHS/imatren01#1

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0104372

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): PATRICIA HILL RODDY
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): 08/10/2001
4. SOCIAL SECURITY NUMBER (of Deceased): 416-58-5720
5a. AGE-LAST BIRTHDAY (Years): 59
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): DEC. 09,1941
7. BIRTHPLACE (City and State or Foreign Country): WEST POINT, GEORGIA
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): Vanderbilt Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): DIVORCED
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.): BILINGUAL EDITOR
12b. KIND OF BUSINESS/INDUSTRY: UNITED METHODIST PUBLISHING HOUSE
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: ANTIOCH
13d. STREET AND NUMBER OR RURAL LOCATION: 463 HICKORY GLADE DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
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+): 4

PARENTS
17. FATHER'S NAME (First, Middle, Last): WILLIAM KERMIT HILL
18. MOTHER'S NAME (First, Middle, Maiden Surname): MABLE KITCHENS

INFORMANT
19a. INFORMANT'S NAME (Type/Print): JULENE WHITE
19b. RELATIONSHIP TO DECEASED: SISTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1601 HUNTERS BRANCH ROAD ANTIOCH, TENNESSEE 37013

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): HERMITAGE CREMATORY
20c. LOCATION-City or Town, State: HERMITAGE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: DON WHITLEY
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3098
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: ROESCH PATTON AUSTIN BRACEY & CHARLTON 1715 BROADWAY, NASHVILLE, TENNESSEE 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 121

REGISTRAR
23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): August 14, 2001

CERTIFIER
24a. 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)
25a. 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: John E. Gerber, M.D.
25b. LICENSE NUMBER: 29698
25c. DATE SIGNED (Month, Day, Year): 8/13/2001
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): John E. Gerber, M.D.;84 Hermitage Ave;Nashville TN 37210; MEC01-1854

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. Asphyxia — 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. Airway Obstruction — 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.
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 [ ] Natural 2 [X] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year): 08/08/2001
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [X] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED: Choked on biscuit
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify): Business
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 201 - 8th Ave.South Nashville, TN

FH-1659 (REV. 6/99)
BIRTH NO:
RDA 1396

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

John P. Dunn
John P. Dunn
Local Registrar

Date Issued AUG 14 2001

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD