Prepared by:
Advantage Title and Escrow
3354 Perimeter Hill Drive Suite 142
Nashville, TN 37211

Davidson County AFFIDAVIT
Recvd: 01/22/02 15:18 2pgs
Fees:12.00 Taxes:0.00
20020122-0008644

AFFIDAVIT OF HEIRSHIP

Address of New Owner;
Daniel E. Stanhope
424 Raintree Place
Hermitage, TN 37076

Send Tax Bills To:
OWNER

Map & Parcel:
86-11B-26

STATE OF Tennessee
COUNTY OF Davidson

RE: Unit 3, Bldg. 11, 424 Raintree Pl, Hermitage, , TN 37076
Reference deed Book 5301, Page 415

I, Michael P. Druyor being first duly sworn on oath, state that we are of lawful age and that based upon our personal knowledge further depose and state:

1. Charles E. Borcher died on May 14, 2001.
2. The decedent was not married at the time of his death, and his father and mother predeceased him.
3. The estate of the decedent is solvent and that any and all debts and inheritance taxes, if any, against the estate of the decedent have been paid, or will be paid.
4. There were no children born (or legally adopted) by Charles E. Borcher.
5. The decedent died intestate and leaving as his sole heirs at law the following siblings:
6. The decedent is one and the same as Charles Edward Borcher, Jr. also known as Charles Edward Borcher.
   1. Daniel Ernest Stanhope-Brother - Also known as Daniel E. Stanhope.
   2. Stacey Ann Borcher Wilson Hurley-Sister

This affidavit is given as an inducement for Stewart Title Co. to insure the title to the above described property without taking any exception as to any and all matters set out herein above; and further the undersigned agrees to indemnify Stewart Title Co.and Advantage Title. for any loss caused by a misstatement of fact.

TCA 30-2-712 provides that whomever shall willfully, corruptly and falsely swear to any statement in an affidavit of heirship known by him to be false or about which he does not have sufficient knowledge to justify his making such a sworn statement on conviction shall be imprisoned in the penitentiary for not less than one, nor more than five years.

Witness my hand this the 20th day of January, 2002

Michael P. Druyor

Sworn to and subscribed before me this the 20th, day January, 2002.

Victor Hazelwood
NOTARY PUBLIC
Notary Public
DAVIDSON COUNTY, TENN.

Commission Expires: 5/26/2002

STATE OF TENNESSEE
Office of Vital Records

[redacted] 2001 020620

0102794 TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

1 DECEDENT'S NAME (First, Middle, Last): Charles Edward Borcher, Jr.	2. SEX: Male	3 DATE OF DEATH (Month, Day, Year): May 14, 2001	
4 SOCIAL SECURITY NUMBER: [redacted]-8826	5a. AGE-LAST BIRTHDAY (Years): 57	6 DATE OF BIRTH (Month, Day, Year): 08/23/1943	7 BIRTHPLACE (City and State or Foreign Country): Cleveland, Ohio
8 ARMED FORCES? 1 [X] Yes 2 [ ] No	8a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)		
8b FACILITY NAME (If not institution, give street and number): Vanderbilt Univ.Medical Ctr. 051	8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville	8d 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.): Management	12b KIND OF BUSINESS/INDUSTRY: Hotel/Restaurant
13a. RESIDENCE-STATE: Tennessee	13b COUNTY: Davidson	13c. CITY, TOWN OR LOCATION: Hermitage	13d STREET AND NUMBER OR RURAL LOCATION: 424 Raintree Place
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f ZIP CODE: 37076	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):	College (1-4 or 5+): 4
17 FATHER'S NAME (First, Middle, Last): Charles Edward Borcher		18 MOTHER'S NAME (First, Middle, Maiden Surname): Anne Stanhope	
19a INFORMANT'S NAME (Type/Print): Daniel Ernest Stanhope	19b RELATIONSHIP TO DECEASED: Brother	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5819 Brandywine Ct. Camarillo, CA. 93012-4304	
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): Crawford Mortuary and Crematory	20c LOCATION-City or Town, State: Nashville, Tennessee	
21a SIGNATURE OF FUNERAL DIRECTOR: Heidi B. Crawford	21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4114	21c. SIGNATURE OF EMBALMER: ▶	21d LICENSE NUMBER OF EMBALMER:
22a NAME AND ADDRESS OF FUNERAL HOME: Crawford Mortuary and Crematory 2714 Grandview Avenue Nashville, TN. 37211			22b LICENSE NUMBER OF FUNERAL HOME: #713
23 REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr		24 DATE FILED (Month, Day, Year): May 23, 2001	
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: ▶ Mitch Mawsalender MD		25b LICENSE NUMBER: TN 28184	25c DATE SIGNED (Month, Day, Year): 05/23/01
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 [ ] 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): Comprehensive Care Center 3452 4th Ave N Suite 103 Nashville TN 37203			

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 Department of Health. Alteration or erasure voids this certification.

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

Jun-19-2001

Paula Taylor
State Registrar

Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD