Prepared by:Tania Toomey
Old Republic Title Insurance
3505 Embassy Parkway
Fairlawn, OH 44333

Davidson County AFFIDAVIT
Recvd: 02/22/02 15:34 3pgs
Fees:17.00 Taxes:0.00

20020222-0023242

STATE OF Nevada )
COUNTY OF Washoe ) ss.

# AFFIDAVIT OF FACTS RELATING TO TITLE

Being first duly sworn according to law, the undersigned (hereinafter "Affiant"), does hereby state as follows:

1. My full legal name is: MICHAEL LARON TAYLOR. *20020222-0023241
2. By virtue of instrument dated _____, recorded _____, in Volume *_____, Page _____ of DAVIDSON County Records, title was conveyed to MICHAEL LARON TAYLOR & SABRA SOUTHALL CONNER as Joint Tenants with the right of survivorship to the following described real estate:

THE FOLLOWING DESCRIBED REAL ESTATE, TO-WIT:
LAND IN DAVIDSON COUNTY, TENNESSEE, IN THE CITY OF NASHVILLE, BEING LOT NO. 5 ON THE MAP OF UNIVERSITY HEIGHTS, SECTION 1, AS OF RECORD IN BOOK 1424, PAGE 105, REGISTER'S OFFICE FOR SAID COUNTY, SAID LOT NO. 5 IS DESCRIBED AS FOLLOWS:
BEGINNING AT A POINT IN THE WESTERLY MARGIN OF 39TH AVENUE NORTH AT THE CORNER OF LOTS NOS. 4 AND 5; THENCE WITH THE LINE BETWEEN SAID LOTS WESTERLY 110 FEET TO A POINT; THENCE NORTHERLY 54 FEET TO THE SOUTH MARGIN OF CENTENNIAL BOULEVARD; THENCE WITH THE MARGIN OF SAME EASTERLY 87.79 FEET TO THE BEGINNING OF A CURVE; THENCE AROUND SAID CURVE SOUTHEASTERLY 29.32 FEET TO THE WESTERLY MARGIN OF 39TH AVENUE NORTH; THENCE WITH THE MARGIN OF THE SAME SOUTHERLY 31.79 FEET TO THE BEGINNING.

3. As evidenced by the certified copy of the death certificate attached, SABRA SOUTHALL CONNER is now deceased. as Exhibit "B" a death certificate for *
4. The purpose of this Affidavit is to transfer record title of the above described premises to the survivor, *Ellis B Conner as Exhibit "C"

Further, the Affiant sayeth naught.

AFFIANT:

Michael LaRon Taylor
MICHAEL LARON TAYLOR

Sworn to before me and subscribed in my presence this 9th day of November, 2001 by Michael Laron Taylor.

TERESA J. ROSE
Notary Public Nevada
Douglas County
96-1763-5
My Appointment Expires March 26, 2004

Notary Public Teresa J Rose

Exhibit "B"

MAURY COUNTY
DEPARTMENT OF HEALTH
100 BLYTHEWOOD DRIVE
COLUMBIA, TENNESSEE 38401

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Sabra S. Conner
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 28, 2000
4. SOCIAL SECURITY NUMBER: 410-78-1184
5. DATE OF BIRTH: Sept 9, 1925
6. BIRTHPLACE (City and State or Foreign Country): Mt. Pleasant, TN
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
8. RACE: White
9. PLACE OF DEATH: Hospital
10. FACILITY NAME (If not institution, give street address and number): Maury Regional Hospital
11. CITY, TOWN, OR LOCATION OF DEATH: Columbia
12. COUNTY OF DEATH: Maury
13. MARITAL STATUS: Widowed
14. SURVIVING SPOUSE
15. DECEDENT'S USUAL OCCUPATION: Accountant
16. KIND OF BUSINESS/INDUSTRY: Business Education
17. RESIDENCE - STATE: TN
18. COUNTY: Maury
19. CITY, TOWN, OR LOCATION: Mt. Pleasant
20. STREET AND NUMBER OR RURAL LOCATION: Southport Rd. P.O. Box 91
21. INSIDE CITY LIMITS?
22. ZIP CODE: 38474
23. WAS DECEDENT OF HISPANIC ORIGIN? No
24. RACE: Black
25. DECEDENT'S EDUCATION: College 2

INFORMANT

26. INFORMANT'S NAME: John Henry Southall Sr.
27. RELATIONSHIP TO DECEASED: Brother
28. MAILING ADDRESS: O'Neal Kennedy P.O. Box 91 Mt. Pleasant TN 38474

DISPOSITION

29. METHOD OF DISPOSITION: Burial
30. PLACE OF DISPOSITION: Pinecrest Memorial Gardens
31. LOCATION: Columbia, TN
32. NAME OF FUNERAL DIRECTOR: Ella V. Chavers
33. LICENSE NUMBER OF FUNERAL DIRECTOR: 3081
34. SIGNATURE OF EMBALMER: Ronald S. Ryan
35. LICENSE NUMBER OF EMBALMER: 3157
36. NAME AND ADDRESS OF FUNERAL HOME: Chavers Funeral Home 214 Columbian Ave. Mt. Pleasant, TN 38474
37. LICENSE NUMBER OF FUNERAL HOME: 612

PHYSICIAN

38. ATTENDANT'S SIGNATURE: Dorothy N. Williams
39. DATE FILED: July 7, 2000

CERTIFIER

40. CERTIFIER: Signature and Title of Physician
41. LICENSE NUMBER: MD014587
42. DATE SIGNED: 7/6/00

MEDICAL EXAMINER

43. Signature and Title of Medical Examiner
44. LICENSE NUMBER
45. DATE SIGNED
46. Name and Address of Certifier (If other than Physician or Medical Examiner)

CAUSE OF DEATH

47. 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 hemorrhage. List only one cause on each line.

Approximate Interval: Onset to Death

Immediate Cause (Final disease or condition resulting in death): a. Cardiac dysrhythmia
Due to (or as a consequence of): b. ASCVD
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
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.

48. WAS AN AUTOPSY PERFORMED? No
49. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

50. MANNER OF DEATH: Natural
51. DATE OF INJURY
52. TIME OF INJURY
53. INJURY AT WORK? No
54. DESCRIBE HOW INJURY occurred
55. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
56. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Amended

This is to certify that the above is a true and correct copy of the record filed with the Department of Vital Records, Tennessee Department of Public Health, by the local Health Department. This is valid only when the embossed seal of the local health department is affixed.

Dorothy N. Williams
Deputy Registrar

STATE OF TENNESSEE
Office of Vital Records

Exhibit "C"

8100234

19094
10
19094 — BIRTH NO.

# CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

81 000575

STATE FILE NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS AND INFORMANT

BURIAL, CREMATION, REMOVAL

DISPOSITION

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL

| | |
|---|---|
| 1. DECEASED—NAME (First, Middle, Last) | Ellis, B. Conner |
| 2. DATE OF DEATH (Month, Day, Year) | 1-9-81 |
| 3a. AGE—Last Birthday (Years) | 59 |
| 4. DATE OF BIRTH (Month, Day, Year) | Nov. 1, 1921 |
| 5. RACE (White, Black, American Indian, etc.) | Black |
| 6. SEX | Male |
| 7a. COUNTY OF DEATH | Davidson |
| 7b. CITY, TOWN OR LOCATION | Nashville |
| 7c. INSIDE CITY LIMITS (Specify Yes or No) | Yes |
| 7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, specify private residence, institution, etc.) | 1131 39th Ave N. |
| 7e. IF HOSP. OR INST., LISTED BOX (Ward, Room No., Bed No.) | Res. 6 |
| 8. STATE OF BIRTH (If not in U.S.A., name country) | Tenn. 43 |
| 9. CITIZEN OF WHAT COUNTRY | U.S.A. |
| 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) | Married |
| 11. SURVIVING SPOUSE (If wife, give maiden name) | Sabra Southall |
| 12a. SOCIAL SECURITY NUMBER | 408-18-1103 |
| 12b. SERVICE IN ARMED FORCES (Yes or No) | Army |
| 12c. USUAL OCCUPATION (Give kind of work done during most of working life) | Laborer |
| 12d. KIND OF BUSINESS OR INDUSTRY | |
| 13a. RESIDENCE—STATE | Tenn. |
| 13b. COUNTY | Davidson |
| 13c. CITY, TOWN, OR LOCATION | Nashville |
| 13d. STREET AND NUMBER | 1131 39th Ave N. |
| 13e. INSIDE CITY LIMITS (Specify Yes or No) | Yes |
| 13f. CENSUS TRACT NO. | |
| 14a. FATHER—NAME | Jimmy Conner |
| 14b. MOTHER—MAIDEN NAME | Flossie Holland |
| 15. INFORMANT—NAME | Mrs. Sabra S. Conner |
| 15a. MAILING ADDRESS | Nashville, Tenn. |
| 16a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) | Buried |
| 16b. DATE (Month, Day, Year) | 1-15-81 |
| 16c. CEMETERY OR CREMATORY—NAME | Mapleshade |
| 16d. LOCATION (City or Town, State) | Columbia, Tenn. |
| 17a. FUNERAL DIRECTOR (Signature) | Mary M Morton |
| 17b. LICENSE NO. | 1284 |
| 17c. EMBALMER (Signature) | Odous B Cotton |
| 17d. LICENSE NO. | 1677 |
| 18. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | Mrs. M. Morton 1500 Columbia Tenn. |
| 19. REGISTRAR (Signature) | Esther D. Groh |
| 19a. DATE RECEIVED BY LOCAL REGISTRAR | 1-27-81 |
| 20. PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE TIME, DATE AND DUE TO THE CAUSES STATED (Signature) | |
| 20a. DATE SIGNED (Month, Day, Year) | |
| 21. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY ONLY THE CAUSES OF DEATH, AS STATED, OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED (Signature) | T. E. Simpkins M.D. |
| 21a. TITLE | M.D. |
| 21b. DATE SIGNED (Month, Day, Year) | 1-23-81 |
| 22a. CERTIFIER—NAME (Type or Print) | T. E. Simpkins, M.D. |
| 22b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | 1120 Dickerson Rd., Nashville, Tn. 37207 |

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.

Paula Taylor
Paula Taylor
State Registrar

Nov-09-2001
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